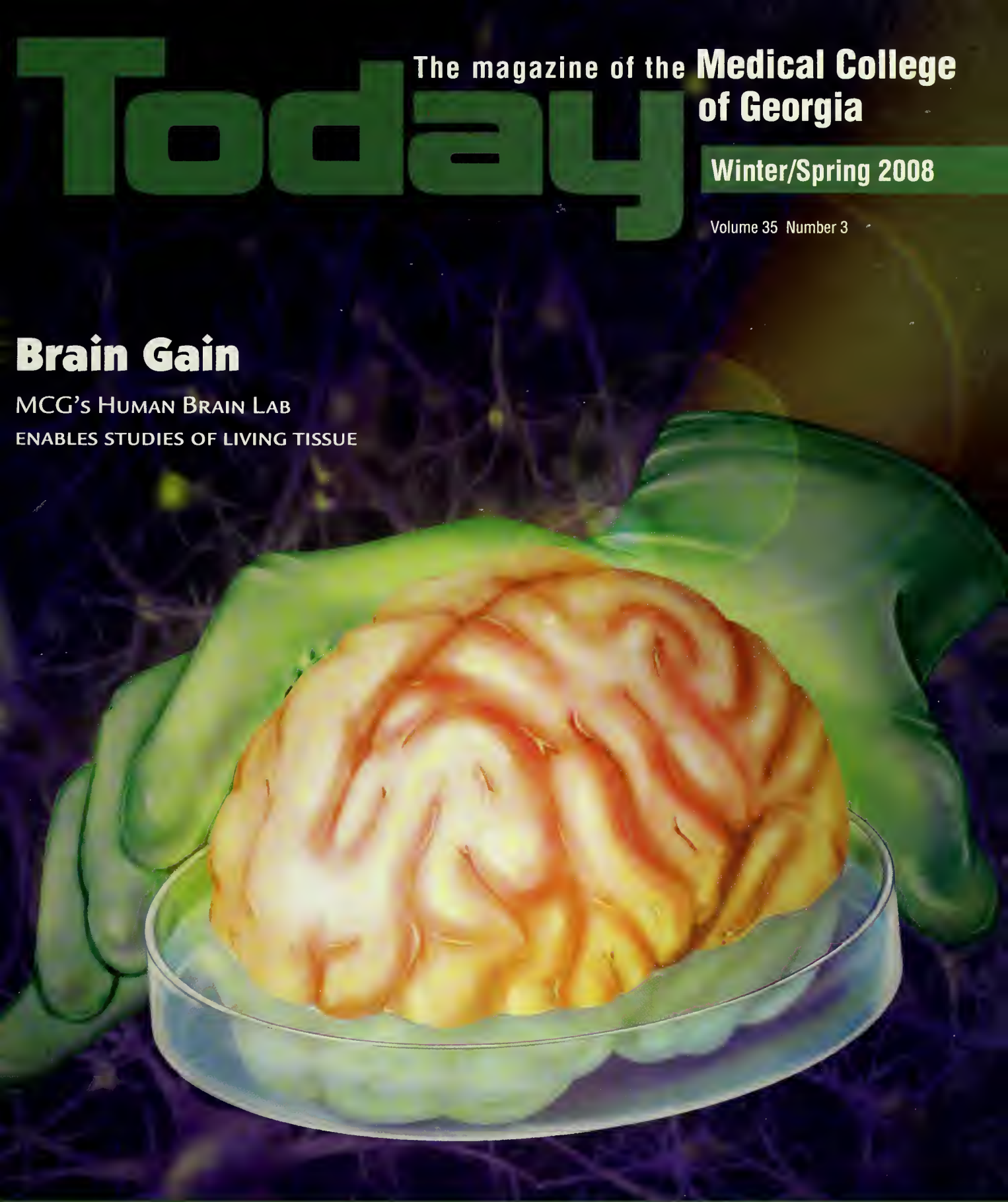
Today
The magazine of the Medical College of Georgia
Winter/Spring 2008
Volume 35 Number 3

Brain Gain

MCG's Human Brain Lab
enables studies of living tissue



A Statewide Initiative
Medical Education Expansion Proposal Unveiled

Man on a Mission
Altruism leads to an indigent-care hospital in India

Today

Dear Readers,

Living human brain tissue in a Petrie dish?

Sounds like science fiction, but this incredible resource is firmly grounded in reality at the Medical College of Georgia. The cover story in this edition of *MCG Today* illuminates the boundless potential for better treatments—and possibly even cures—of neurological diseases, thanks to the research made possible by MCG's Human Brain Lab, one of a very few labs of its kind worldwide.

MCG also is on the forefront of other pressing health concerns, including its participation in testing vaccines for the human papillomavirus, the most common sexually transmitted infection in the country and the major cause of cervical cancer. Read about these and many other initiatives in this edition of the magazine.

We also invite you to meet one of our most inspiring alumni—Dr. Van Cise Knowles, whose commitment to volunteerism has yielded an outstanding hospital and medical school in one of the most impoverished areas of India. He recounts that his efforts through the years often seemed overwhelming, at times almost undoable. Yet he forged ahead, determined that if his medical skills could help his fellow man, he would find a way to make it happen.

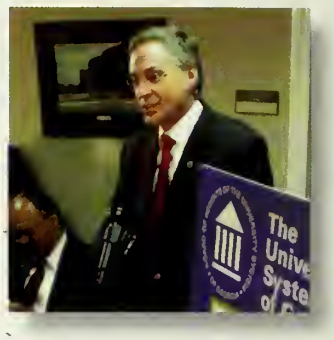
Dr. Knowles is but one of many MCG alumni committed to altruism and excellence in their careers. Each of their stories is distinct, yet utterly inspiring. If you haven't caught up with them recently, why not touch base by attending Homecoming this spring? You'll find a schedule of activities inside. Springtime in Augusta is an unparalleled pleasure, and your presence will make it that much nicer. See you at Homecoming!

–Editor

In this issue...

A Statewide Initiative

Medical Education Expansion Proposal Unveiled **6**



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2 Newsbriefs

6 A Statewide Initiative
Medical Education Expansion Proposal Unveiled

8 Brain Gain
MCG's Human Brain Lab enables studies of living tissue.

12 Patient as Teacher
A grant advances a mental-health push to partner with patients.

15 Taking Charge
Electronic health records aim to put patients in the driver's seat.

16 Clarion Call for Kids
A grant aims to help children stay tobacco-free.

20 Easy as 1-2-3
Three-dose vaccine declares war on HPV.

22 Honoring the Legacy
School of Allied Health Sciences Celebrates 40th Anniversary.

24 Gut Feeling
Probiotics research indicates good bacteria can conquer the bad.

26 They've Got Your Number
Biomedical students tackle a maze of math and medicine.

29 Specialized Delivery
Residency Enables General Dentists to Broaden Services

32 Man on a Mission
Altruism leads to an indigent-care hospital in India.

34 Glitz, Glamour and Gratitude
MCG's President's Dinner honors its most dedicated supporters.

36 Vessel of Life
Dr. Emile Fisher is honored for 40-plus years of support.

38 Profile in Giving

39 Gift Planning
Where there's a will, there's a way.

40 Homecoming 2008
Activities are scheduled for alumni, faculty and students in all five schools.

42 Class Notes

46 Newmakers

48 New Faces

49 Reflections
Champions of health care excellence.

NEWS BRIEFS

Cancer Center Recognized

The MCG Cancer Center has been named a member of the Association of American Cancer Institutes, an organization of the 90 leading cancer research centers in the United States.

Members include National Cancer Institute-designated centers and academic-based cancer research programs supported by NCI.

"We are being recognized because this institution is committed to move very rapidly on a path of establishing infrastructure, recruiting new talent and developing core facilities that will allow bench-to-clinic cancer research in all areas, stating with prevention, screening and care," said Dr. Kapil Bhalla, director of the center and Cecil F. Whitaker Jr., M.D. Georgia Research Alliance Eminent Scholar in Cancer.

The Cancer Research Center, which opened in 2006 as a hub for basic science studies, was a major factor in the section, Dr. Bhalla said. The center's research programs are expanding in cancer prevention and control, developmental therapeutics, immunology/immunotherapy, molecular oncology, epigenetics, chaperone biology and molecular signaling.

Drs. Kapil Bhalla and Mark Kochevar, associate director of the MCG Cancer Center

Other assets include an MCG Medical Center facility for early-phase clinical trials, multidisciplinary research, a Tissue and Serum Repository and a Tumor Molecular Profiling Facility and NCI Minority-Based Community Clinical Oncology Program designation.

The inaugural ceremony was held in the Paul S. Simon Discovery Theater at the National Science Center's Fort Discovery

Investiture Ceremony

Drs. Cargill Alleyne Jr., Norman Chutkan and Ana Murphy were honored as the School of Medicine's newest department chairs during the school's inaugural Chair Investiture Ceremony Nov. 13.

"Chairing a department is both a distinguished honor and an immense responsibility," said School of Medicine Dean D. Douglas Miller. "This annual ceremony is one way to recognize the exceptional commitment these faculty members have made to the School of Medicine and the entire university."

Dr. Alleyne, chair of neurosurgery, specializes in the open and endovascular treatment of vascular conditions such as aneurysms, carotid disease and stroke. Dr. Chutkan, chair of orthopedics, specializes in spinal deformities, spine trauma and complex spinal reconstruction. Dr. Murphy, chair of obstetrics and gynecology, is a reproductive endocrinologist specializing in infertility.

Also during the ceremony, Dr. Ruth Marie Fincher, vice dean for academic affairs, received the Alumni Outstanding Educator Award from her alma mater, Colby College in Waterville, Maine.

Research Excellence

The MCG Research Institute honored six scientists for their professional contributions at its annual awards banquet Nov. 2.

Awardees were selected by an interdisciplinary panel of NIH-funded researchers at MCG. The recipients and their awards are:

- **Dr. William B. Strong**, Emeritus Leon Henri Charbonnier Professor of Pediatrics and Section Chief Emeritus of Pediatric Cardiology, and **Dr. Paul G. McDonough**, Professor Emeritus, Departments of Obstetrics and Gynecology, Physiology and Endocrinology and Pediatrics: Lifetime Achievement Awards for fundamental research leading to insights into disease prevention, progression or therapy.
- **Dr. Sylvia B. Smith**, professor, Departments of Cellular Biology and Anatomy and Ophthalmology, and associate dean for student affairs for the MCG School of Medicine: Mahesh Distinguished Research Award for significant, sustained contributions to research, sustained external funding support as an National Institutes of Health principal investigator and outstanding mentoring/leadership.
- **Dr. Jeannette Andrews**, chair and associate professor of biobehavioral nursing, School of Nursing; **Dr. Kalu Ogbureke**, assistant professor of oral biology and maxillofacial pathology, School of Dentistry; and **Dr. Haidong Zhu**, assistant professor of pediatrics, Georgia Prevention Institute: Emerging Scientist Awards recognizing early, significant contributions to science.

Nursing Diversity

A three-year, $659,000 U.S. Health Resources and Services Administration grant will fund a School of Nursing program to step up recruitment of under-represented baccalaureate students.

"There is a great need to decrease health disparities and ensure that our health care community reflects the population it serves," said Dr. Deborah A. Smith, a nursing instructor and principal investigator on the grant. "To serve a diverse population, we have to attract, retain and support a diverse student body."

The program will offer peer tutoring, enrichment activities and a scholarship program to not only attract more under-represented students, but to help ensure their success once they enroll, according to Dr. Shirley Quarles, assistant dean for community partnerships in the School of Nursing and a co-investigator on the grant.

Offerings also will include a summer camp for selected pre-nursing students. "We'll help them [improve] study habits and time-management skills and advise them on the health sciences courses they should be taking now," said Dr. Quarles. The program will target local students for its first camp next summer, then collaborate with Area Health Education Centers to expand statewide.

Drs. Shirley Quarles (left) and Deborah A. Smith

NEWS BRIEFS

Special Assistant Named

Annie Hunt Burriss

Annie Hunt Burriss, an economic developer and higher-education administrator, has been named special assistant to President Daniel W. Rahn.

"Annie will help MCG meet its statewide health sciences mission of teaching, research and service in ways that are both mission-centered and market-smart," said Dr. Rahn, who is also senior vice chancellor for health and medical programs for the University System of Georgia. "Her work will enable us to better collaborate with our strategic partners statewide in academia, business and government."

Ms. Burriss will initially focus on School of Medicine expansion, aligning MCG research with Georgia's economy and improving and expanding University System of Georgia medical and health education programs.

Ms. Burriss served as senior advisor to Georgia Gov. Sonny Perdue from 2002-03 and executive director of the governor's Commission for a New Georgia from 2004-05. She has also served as assistant vice chancellor for development and economic services and associate vice chancellor for economic development for the University System of Georgia. She worked in economic development for Georgia Power and the DeKalb Chamber of Commerce. In 1989, she founded a biomedical partnership, now known as Georgia Bio, to effectively link business, academia and government.

Most recently, she served as associate provost for evening degree programs and deputy to the president for community affairs for Oglethorpe University in Atlanta.

Backpack Facts

The pain in his back was gone in seconds after Javan Torrence's backpack straps were adjusted.

"Before, my back was hurting so bad," said Javan, a fourth-grader at Augusta's Tobacco Road Elementary School. "It felt like a rock! But now, I feel a lot better."

MCG occupational therapy students were on a mission to prevent pain and injury at the elementary school Sept. 18 as part of National School Backpack Awareness Day. The event, sponsored by the American Occupational Therapy Association, educates children, parents and faculty about potential health risks of heavy and improperly worn backpacks.

"We want to make sure the kids are wearing their backpacks correctly to prevent injuries," said Meredith LeGrand, a second-year occupational therapy student.

Dr. Yong Park with study participant Haley Butler

Seizure Study

MCG is among 28 U.S. centers participating in a study to determine if a neurostimulator can help patients whose seizures are not well-controlled by drugs.

"The device constantly monitors electrical activity of the brain, gets accustomed to what is normal for that patient and, when it detects activity that is abnormal, within a few milliseconds, sends out a small electrical stimulus to stop it," said Dr. Yong Park, MCG pediatric epileptologist and a principal investigator.

At MCG Medical Center, the RNS™ System, developed by California-based medical device manufacturer NeuroPace, will be used in about 10 adults. About 240 patients are expected to enroll nationwide. Eligible participants must have at least three seizures per month and no more than two seizure foci in the brain.

Participants have a device implanted in the skull, with electrodes placed near the seizure focus. After a computer measures electrical activity picked up by the neurostimulator, the device is programmed to recognize seizure activity. During the first month after implant, the RNS™ is set for detection only while doctors design parameters that allow it to reliably detect the onset of seizure activity, said Dr. Patty Ray, study coordinator. After one month, half of the patients are set for detection and responsive stimulation, the other half continuing with detection only. After four months, all devices are set for detection and responsive stimulation throughout the remainder of the two-year study. After the study, patients will be eligible for a study to continue to use the device until it receives FDA approval, Dr. Ray says.

For more information about the NeuroPace study, call Dr. Ray at 706-721-6260 or visit www.seizurestudy.com.

"If they're hurting their backs at 9 and 10 years old, imagine how they'll feel when they're older. We want to teach them while they're young because in reality, they're going to be carrying a backpack for another 10 years at least."

MCG students performed skits showing the incorrect way to pack and carry a backpack and conducted a weigh-in to see which students exceeded the recommended load in their book bags. The American Occupational Therapy Association recommends backpacks weigh no more than 15 percent of a child's weight.

MCG students stressed wearing both shoulder straps and demonstrated how to adjust them so the pack fits snugly to the child's back.

Occupational therapy students Keven Frederick (left) and Amanda Mirandy demonstrate the incorrect way to wear a backpack.

A Statewide Initiative

Medical Education Expansion Proposal Unveiled

President Daniel W. Rahn discusses expansion plan during Jan. 15 press conference in Atlanta.

Editor's note: For the full expansion report, visit www.usg.edu/mcg-uga.

The Medical College of Georgia School of Medicine could expand statewide by 2020 to 1,200 students, approximately 60 percent more than the current number of 745, according to a proposal presented in January to the University System of Georgia Board of Regents.

The board has accepted the proposal for incorporation into its planning process, and Gov. Sonny Perdue's proposed 2008 budget includes $7.2 million for expansion to supplement $2.8 million appropriated last year for expansion-planning.

The expansion, which would address a critical need for more physicians in Georgia, would require significant growth in Augusta, which will continue to anchor a single state-operated medical school. The proposal also would involve MCG developing and operating a new four-year campus in Athens in partnership with the University of Georgia and expanding clinical campuses in Albany and Savannah.

"Georgia has slipped to 40th from 37th among all states in the number of physicians per resident," said USG Chancellor Erroll B. Davis Jr. "The health and safety of Georgians are at risk. We need more doctors."

Georgia has a unique ability to address a serious need of educating more physicians, said Paul Umbach, president of Pittsburgh-based Tripp Umbach, which issued the report. MCG retained Tripp Umbach last September on behalf of the Board of Regents to complete a statewide medical education expansion study.

"My firm has analyzed medical education needs across the U.S. and I can truly say that the stars and timing are lined up for this to be a truly collaborative, cost-effective effort that will lead to a healthier Georgia," Mr. Umbach said.

The proposal calls for:

- **Significant medical education expansion in Augusta:** MCG's School of Medicine would expand from its current class of 190 first-year students to 240 first-year students by 2017. The proposal recommends constructing a medical education facility to accommodate the additional students.
- **Development of an Athens campus:** MCG would develop a new campus in Athens in partnership with UGA, with the two institutions partnering to leverage mutual strengths in biomedical research and individual university strengths in public health.
- **Continued partnerships of regional campuses in Savannah and Albany:** About one in four MCG medical student rotations is now conducted outside of Augusta. The proposal recommends that 60 third- and fourth-year students be educated at residential campuses in Albany and Savannah over the next seven years.

"A critical element of the proposed strategy is that we are looking at a statewide solution to an issue important to all of us," said Dr. Daniel W. Rahn, MCG president and senior vice chancellor for health and medical programs for the University System of Georgia. "Together we can accomplish much more than we can separately."

The Athens campus likely would ultimately be housed on the 58-acre Navy Supply Corps School property, which the Athens Local Redevelopment Authority recently recommended using for that purpose. The federal government is slated to vacate the property in 2011.

"On behalf of the University of Georgia community, we are excited about developing this partnership program with the Medical College of Georgia," said UGA President Michael F. Adams. "I believe the acquisition of the Navy School property will allow us to provide long-term improvement in the health of Georgians and to offer a true service to the state."

If implemented fully, Tripp Umbach calculates that the expansion will more than double the economic impact of MCG's School of Medicine, generating more than $3.2 billion annually and supporting more than 10,000 additional jobs statewide. For every dollar invested in medical education by the state of Georgia in 2020, $2.54 will be returned in state tax revenue, according to the economic analysis section of the consultant report.

"To us, it is clear that there is no better investment that the state of Georgia can make than the recommended medical education expansion program," Mr. Umbach said.

Expansion Proposal at a Glance

What is the goal of the proposal?

The goal is to ensure the health and well-being of Georgians by producing an appropriate physician workforce to meet current and future health care needs. Full implementation of this proposal would expand MCG School of Medicine enrollment from 745 to 1,200 by 2020.

What is the core of the proposal?

The proposal—the most viable and affordable option available—would enable MCG to significantly expand medical education in Augusta while developing and operating a regional four-year program in Athens in partnership with the University of Georgia and expanding the school's Albany- and Savannah-based campuses as residential clinical campuses for third- and fourth-year students. Benefits would include stronger community health programs, expanded medical education and residency training programs with community hospitals; expanded biomedical research capabilities statewide; a doubled statewide total economic impact of $3.2 billion; and 10,000 new medically related jobs statewide by 2020.

How many new medical students would be educated under the proposal, and where would they be educated?

MCG would expand its freshman enrollment in Augusta from 190 to 240 by 2015 and increase its overall freshman enrollment to 300 by 2020. This would represent a total enrollment by 2020 of 1,200, with 960 students in Augusta (60 of whom would spend their third and fourth years in Albany or Savannah) and 240 in Athens.

Why not just expand in Augusta?

No U.S. medical school has a class size of 240 students per year in one location with a single primary teaching hospital in its academic health system. The recent School of Medicine increase from 180 to 190 freshmen, and the previously announced increase to 200 in fall 2009, will fully utilize existing resources.

What would happen in Athens?

MCG and the University of Georgia would partner to establish an Athens campus for 40 first-year MCG medical students by 2010. The campus would provide medical student education to 60 students per year throughout all four years of medical school by 2020.

What is the status of the Navy Supply Corps School?

Last fall, the Athens Local Redevelopment Authority recommended housing a health sciences campus to include medical education on the 58-acre Navy Supply Corps School property. The facility should be transferred from the federal government to the University System of Georgia by 2011.

Is the MCG School of Medicine campus in Athens dependent on the Navy site?

The Navy Supply Corps School property would provide clinical teaching facilities close to two major hospitals, along with classroom facilities meeting preclinical teaching needs. But alternatives remain. Tripp Umbach recommends that an initial facility be developed on or adjacent to the University of Georgia to house medical students by 2010. That facility would be used as a biomedical research facility for MCG/UGA faculty when the educational program moved to the Navy school site after 2012.

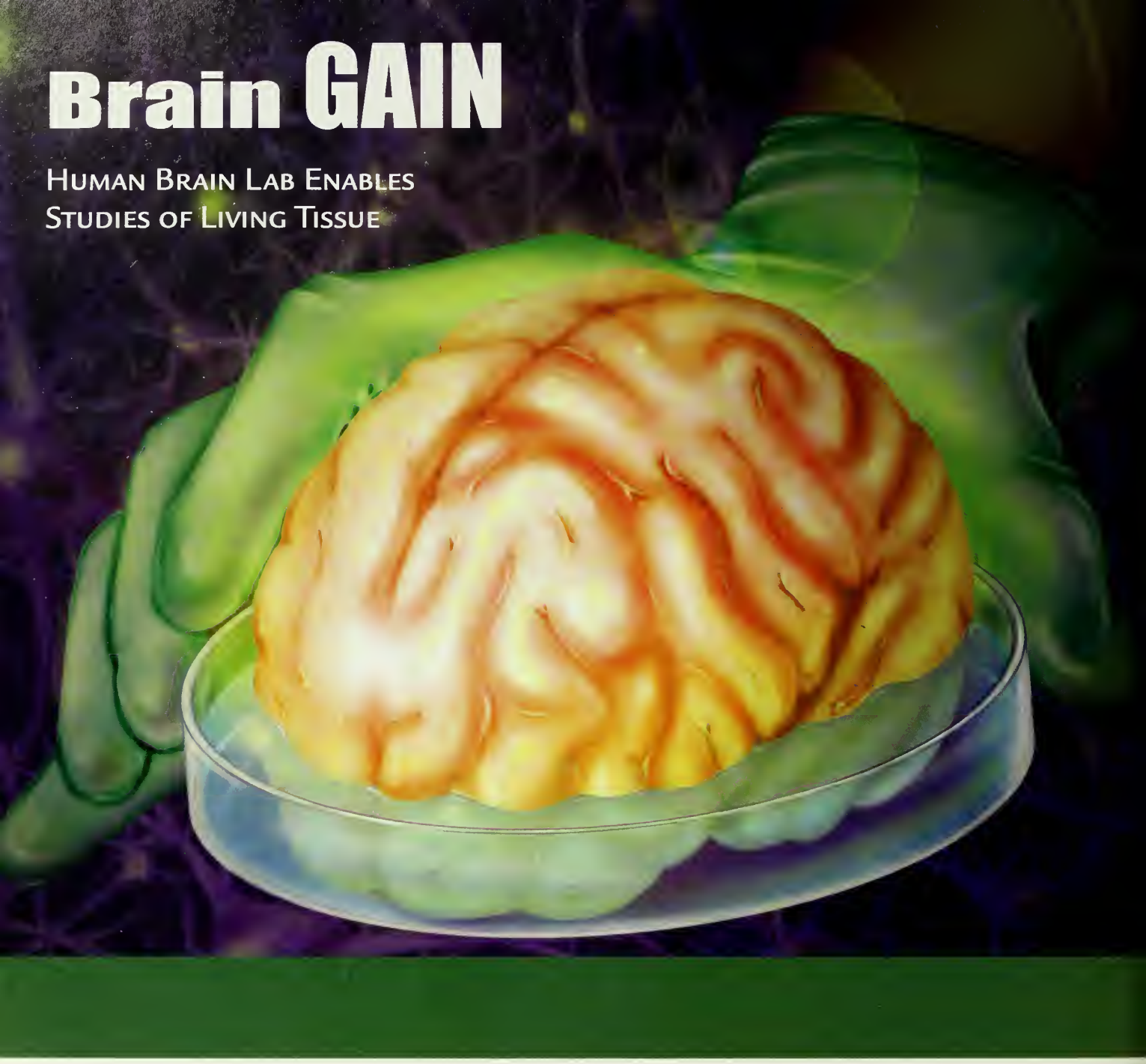
What are the roles of the Albany and Savannah campuses?

The MCG School of Medicine established the Southwest Georgia Clinical Campus in fall 2005 with Phoebe Putney Memorial Hospital in Albany as the base. A similar two-year clinical campus in southeast Georgia, based at St. Joseph's/Candler Health System in Savannah, is under development. Additional clinical relationships would need to be developed with hospitals and physician practices statewide to provide high-quality training for 1,200 medical students by 2020. Additional campuses for third- and fourth-year students could be developed after 2020. Tripp Umbach recommends developing clinical relationships in Rome, Columbus, Brunswick and Valdosta.

Source: Tripp Umbach

Brain GAIN

Human Brain Lab Enables Studies of Living Tissue

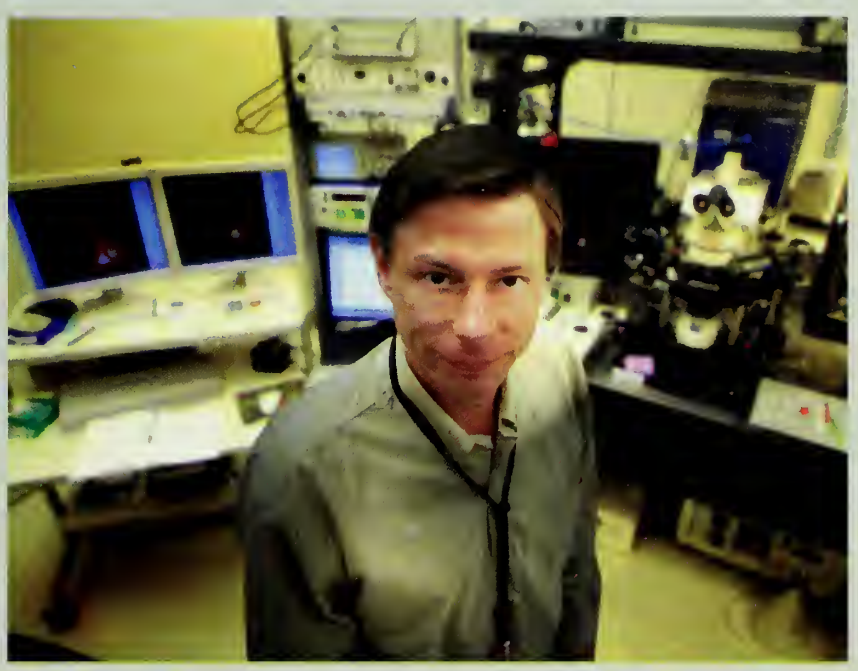


'The brain lab offers us unique opportunities to help translate basic research findings into an understanding of clinically important problems.'

Perhaps the workings of the human brain are most appreciated when they falter.

Disrupted blood flow in the form of a stroke or aneurysm can cause paralysis, speech loss and other profound disabilities. The inexplicable formation of plaques and tangles causes the memory-robbing disease, Alzheimer's. Misfiring neurons can lead to seizures. Insufficient dopamine can cause conditions as diverse as depression and Parkinson's disease.

A well-functioning brain is poetry in motion—a sentiment uttered, a task completed, a life lived. A diseased or injured brain can bring that life to a screeching halt, either through death or disability.



Dr. Sergei Kirov

The Medical College of Georgia is better-equipped than ever to probe the intricacies of the brain—remarkably, by studying living human brain tissue that lies in Petrie dishes on campus.

MCG is one of only a few institutions worldwide housing a Human Brain Lab. The lab, which opened in 2004, primarily houses tissue dissected from the brains of patients with seizures that don't respond to medication. The tissue represents the portion of the brain where neurons misfire. If it is determined to be non-crucial to critical functions such as speech and reasoning, it can often be safely removed without impairing the patient, while minimizing or eliminating seizures in the process.

Dr. Sergei Kirov, director of the lab and assistant professor of neurosurgery, works closely with MCG neurosurgeons so he or an assistant can join them in the operating room when the tissue is removed. "To date, we have acquired considerable experience collecting tissue in the operating room," Dr. Kirov said.

The tissue is placed in sterile oxygenated fluid that simulates cerebrospinal fluid, transported to the adjacent Human Brain Lab and cut into tiny slices for optimal preservation. The slices are used within 24 hours or placed in a tissue culture incubator where they can survive several weeks. The tissue lacks a blood supply but otherwise functions largely as it would naturally. Scientists can not only observe that function, but can inject genes and drugs, dissect different portions and otherwise manipulate the tissue to better understand how it works.

For instance, Dr. Cesario Borlongan, associate professor of neurology, has transplanted stem cells into the tissue to study their proliferation, differentiation and interaction with neuronal networks and glial cells, specialized cells that surround neurons and affect their communication. Dr. Kirov is probing whether the faulty activation of astroglial cells contributes to epilepsy. He and Dr. Ioulia Fomitcheva, assistant research scientist in neurosurgery, are studying reelin, a protein in the brain, to gauge its function and possible role in epilepsy. Dr. William Hill, associate professor of neurology, is identifying the molecular profile of cells in brain blood vessel walls to develop therapies for brain disorders such as stroke and tumors. Dr. David Hess, professor and chair of neurology, is adding drugs to the tissue, including the antibiotic minocycline, to determine possible treatments to minimize brain damage after a stroke.

continued on page 10

continued from page 9

Stroke has particularly urgent ramifications, the researchers said, noting the disease is a major cause of death and disability in the United States but stubbornly resistant to treatment. The disease sets in motion a "death wave" that over hours and even days emanates from the original site of the blood loss to surrounding tissue, exacerbating brain damage as it expands.

The clot-busting drug, tissue plasminogen activator (tPA), can help halt the death wave and minimize brain damage, but only if administered within hours of the stroke. Complicating matters are the drug's scarcity in many rural areas and many physicians' lack of training in its use. "Only 2 percent of patients receive tPA, and the window is only three hours," Dr. Kirov said. "It's not possible to deliver it in time in most cases, and it is associated with a substantial risk of intracranial hemorrhage, so side effects can be significant."

MCG is addressing these problems by working closely with rural hospitals in the use of tPA, but new solutions are urgently needed. Human Brain Lab studies offer potential new avenues for hope.

"The lab has provided access to human brain tissue that would otherwise be very difficult to obtain," Dr. Hill said. "It has also provided access to collaborators who bring new approaches into stroke research. We can now look at real-time changes in brain following stroke injury."

Dr. Hess concurs. "The lab allows us to study live human tissue in its real architecture." He is particularly excited about techniques Dr. Kirov has developed enabling study of how dendritic spines respond to disrupted blood flow.

"The brain lab offers us unique opportunities to help translate basic research findings into an understanding of clinically important problems," Dr. Kirov said.

Dr. Cargill Alleyne, chair of the Department of Neurosurgery, agrees. "I think it's an innovative way to study clinical material," he said. "It's one of the best examples of translational clinical research, taking a patient specimen and studying the live tissue in a lab to elucidate the mechanisms of diseases such as epilepsy and stroke. I think it represents a great opportunity to further the knowledge base for these diseases."

Yet Dr. Kirov emphasizes that the lab merely supplements, rather than replaces, more conventional forms of research, such as studies of laboratory animals. "Human tissue won't replace animal models," he said. "You have more control with animals. You can plan studies and repeat them. But human tissue offers an opportunity to check a hypothesis: Are we on track or completely off base? Human tissue offers a way to validate animal models and provides a translational bridge between animal and human studies."

He also notes that what is true of, say, a rat brain, may hold little significance for a human brain. "So many drugs are neuroprotective in animals but don't work in humans," he said.

And he has no doubt that studies of human tissue will raise many more questions than they answer. That, he said, is why he loves studying the brain in the first place. "The brain has so many different neurons, so many different cells," he said. "It's a fascinating structure. We know five times more now about how the brain works than we did 25 years ago, but we still have so much to learn. Since I started working with living human tissue, I have even more questions."

He and his colleagues are elated that the Human Brain Lab increases the odds as never before that those questions will ultimately be answered.

Christine Hurley Deriso

Dr. Sergei Kirov

Patient as Teacher

Grant Advances Mental-Health Push to Partner with Patients

Patients are helping MCG psychology and psychiatry residents become better practitioners.

They're doing that by making decisions about their care, a departure from traditionally being told what to do, says Dr. Alex Mabe, the MCG training director for the MCG-Veterans Affairs Medical Center of Augusta Psychology Residency Consortium.

"Patients and practitioners working together collaboratively results in better health care," Dr. Mabe says. "President Bush's 2003 New Freedom Commission on Mental Health [emphasizes] patient freedom and choice. By incorporating the model, we will involve patients and families so they are actively engaged in their own health care."

Psychology Residency Consortium residents and faculty will attend workshops, lectures and Behavioral Health Advisory Council meetings to learn principles and tools used in the commission's Recovery Model of Mental Health as part of a three-year, $90,000 U.S. Health Resources and Services Administration grant.

This is the third time the consortium has received the grant. It primarily supports psychology training, but includes training for psychiatry residents as well to enhance interdisciplinary training, says Dr. Mabe.

MCG Certified Peer Specialist Gareth Fenley leads the Behavioral Health Advisory Council meetings. (See inset.) In the council, MCG patients and families participate alongside providers in reviewing and improving mental health policies and procedures.

"The council provides input from the consumer's perspective and is an excellent opportunity for residents to get hands-on experience," says Dr. Peter Buckley, chair of the Department of Psychiatry and Health Behavior.

"Residents not only attend the meetings, but talk to counselors about how to apply the model so that they can become better-educated in using it," adds Dr. Nettie Albrecht, the VA Medical Center's training director for the consortium.

Residents and faculty will share what they have learned with health care providers in underserved areas in the state. This is in keeping with an ongoing partnership with Project GREAT (Georgia Recovery-Based Educational Approach to Treatment) to help transform the state's health care system using the model.

"Essentially, we're training residents and faculty to be trainers," Dr. Mabe says.

Since the consortium first received funding in 2002, it has trained residents and faculty in dealing with mental health needs of women in rural settings and in mental health care delivery to those with HIV/AIDS.

"The training grant is a tremendous boost to the department, and I am particularly pleased that this time, it has incorporated our strengths in the area of recovery," Dr. Buckley says. "Each part of it is consistent with the development and growth of psychiatry and psychology residents and faculty."

Amy Connell

Rejoicing in Recovery

Gareth Fenley was suddenly afraid of shapes and colors.

She wasn't sure why, and that was the real fear.

"I remember calling my brother and telling him," Ms. Fenley says. "He and my family were trying to figure out what was wrong with me, and it was really awful for them."

She made the call from a psychiatric hospital in Atlanta.

That was 11 years ago. Ms. Fenley, now a certified peer support specialist at the Medical College of Georgia, had experienced a psychotic breakdown and completely lost touch with reality.

"Going into the hospital, I thought I was an angel," she recalls. "I thought the hospital was Heaven, and the other patients and staff were angels. I thought I met Jesus three times."

She was diagnosed with bipolar 1 disorder, which causes extreme shifts in mood, energy and functioning. More than 10 million Americans suffer from the disorder, and the illness affects men and woman equally, according to the National Alliance on Mental Illness. Antipsychotic and mood-stabilizing medicines soon helped Ms. Fenley function more normally.

"It was terrifying for me, though, because in my mind, I had to come back down from Heaven to Earth, and I didn't want to," she says. "I had to realize that I was a mental patient now, and that was very difficult to accept."

continued on page 14

continued from page 13

But with acceptance came the thrilling prospect of recovery. "After I was diagnosed, I met people who were talking about getting better and looking for mutual support," she says. "That was something brand new in my life, and I was very enthusiastic about it."

Her enthusiasm led to her involvement with group support meetings and with the National Alliance on Mental Illness. "I wanted to get involved in mental health care because I was so excited about the recovery movement that I had experienced in the hospital," Ms. Fenley says.

After earning a bachelor's degree in social work from the University of Georgia, she completed the Georgia Certified Peer Specialist Project, which trains patients to become certified peer specialists in mental health care systems.

"The point of being a peer specialist is not just to demonstrate how to be sick, but also how to be well," says Ms. Fenley. "The overall message is about recovery and utilizing the Recovery Model of Mental Health. The model helps in finding meaning and purpose in your life after the catastrophe of what you've been through because it allows you to be the expert on your illness and experiences."

In 2006, she became a certified peer specialist in MCG's Department of Psychiatry and Health Behavior to teach the model to patients. "My goal is to be a role model for patients and to help residents and faculty better understand what patients are experiencing," says Ms. Fenley. "I've seen different psychiatrists, so I have a sense of what it's like, and that's something residents and faculty can't get out of a book."

Bringing Ms. Fenley on board is part of MCG's partnership with Project GREAT (Georgia Recovery-Based Educational Approach to Treatment), a program centered on educating psychology and psychiatry faculty and residents about recovery-based knowledge, attitudes and skills.

"It's a very significant program because it puts the consumer at the center of education and evaluation," Ms. Fenley says. "It's a real triumph for the Recovery Model to have someone like me at the very heart of a project to evaluate training and to train doctors for the future."

Amy Connell

TAKING CHARGE

Electronic Health Records Aim to Put Patients in the Driver's Seat

Does an electronic handle on one's health reduce the risk of a leading chronic disease?

MCG is participating in a study funded by the federal Agency for Healthcare Research and Quality to help answer the question. The study will enable hundreds of patients with hypertension to electronically post their blood pressure, weight and diet in their medical record and e-mail their physicians when needed.

"From a chronic-illness standpoint, the literature is pretty clear: The more involved and engaged I am in managing my own illness, the better my outcome," says Patricia Sodomka, director of the Medical College of Georgia Center for Patient- and Family-Centered Care, senior vice president for Patient- and Family-Centered Care for MCG Health, Inc. and principal investigator on the $1.2 million grant. "It just makes common sense."

MCG researchers will work with hypertensive patients in MCG Health System's family medicine and internal medicine practices to see if the electronic personal health record enhances patient involvement.

"Our first measure is patient activation," says Dr. Peggy Wagner, research director for the MCG Department of Family Medicine and study co-investigator, citing the hope that hypertension will improve if a patient is empowered by ready access to health information.

Two small studies will compile patient and physician input on how to optimize IQHealth™, the electronic personal health record developed by Kansas City, Mo.-based Cerner Corp.

A yearlong study of 720 hypertensive patients will follow in which half the participants will use the newly refined electronic personal health record and the remainder will receive standard treatment for the condition that affects about one-quarter of Americans.

"Hypertension, which is so pervasive in our society, is a great model because lifestyle has such an impact and the outcomes are relatively easy to measure," Dr. Wagner says. "The hypothesis clearly is that the electronic personal health record [will help bring] hypertension under control."

The MCG Center for Patient- and Family-Centered Care received a $30,000 grant from the Institute for Healthcare Improvement/Robert Wood Johnson Foundation in 2005 to test the Cerner system, used under the brand name, My HealthLink, for MCG multiple sclerosis patients. The 12-month study found that patients like having a secure electronic link to caregivers and that the tool helps battle chronic disease.

> "THE HYPOTHESIS CLEARLY IS THAT THE ELECTRONIC PERSONAL HEALTH RECORD [WILL HELP BRING] HYPERTENSION UNDER CONTROL."

"An electronic personal health record is recognition that if we are serious about optimal outcomes in health care, we have to involve the patient," says Dr. Charlotte Weaver, vice president and executive director for nursing research at Cerner. The company gathered patient input for the system and looks forward to additional input to refine the product, she says.

Refinements likely will include feeding blood pressure measurements directly from the cuff to the electronic personal health record. Similar direct feeds with weight scales and even urine analysis also are under development.

"At the end of the day, if you can deliver a personal health record that people will use, that delivers just tremendous value to our health care system as well as to individuals," Dr. Weaver says.

The Institute for Family Centered Care, headquartered in Bethesda, Md., also is gathering input on the system. "This project will help demonstrate that when we partner with patients to really redesign the system of care, we will build the system in a way that works best for the people we serve," says Beverley H. Johnson, the institute's president and CEO.

"Patient-care documentation systems today are predominantly in the hands of the providers and written from their perspective," Mrs. Sodomka says. "The shift is toward shared information systems with patients and families. The idea is that if patients start documenting things that are important to them, what they are eating, for example, they will realize what they are eating and finally get control of their diet."

Study coordinators will help match resources with patients who lack a computer.

Study participants will learn how to use the electronic record, then have follow-up visits at three, six and 12 months. Researchers will measure patient activation, gather pertinent biological data such as blood pressure and waist circumference and use a widely accepted test to assess their relationship with their physician.

Toni Baker

Dr. Martha Tingen

Clarion Call for KIDS

Grant Aims to Help Children Stay Tobacco-Free

A smoking-prevention strategy that targets black fourth-graders and their parents is under study in urban and rural Georgia.

Researchers want to know if they can keep these children from smoking and help smoking parents quit, according to Dr. Martha S. Tingen, nurse researcher at MCG's Georgia Prevention Institute, and interim program leader for cancer prevention and control in the MCG Cancer Center.

Dr. Tingen is principal investigator on a $2.5 million National Cancer Institute grant to determine if this novel strategy of concurrent intervention in the classroom and at home reduces smoking and related disability and death in blacks. Blacks tend to have higher rates of second-hand smoke exposure and more adverse health effects than whites.

"Every day in Georgia, 84 kids between 10 to 13 years of age start smoking cigarettes," says Dr. Tingen. "Ninety percent of all smokers start before they are out of high school. If we can help keep kids from smoking before they get out of high school, they probably won't ever start. I am hoping the fourth-graders haven't started smoking, but I am thinking a lot of them still are exposed to tobacco use and second-hand smoke in the home."

Researchers are enrolling 350 students and their parents or guardians in 16 elementary schools in Augusta, Ga., and rural Jefferson County, Ga., about 60 miles away. During fourth and fifth grades, half the children will get two intense learning sessions per week over four weeks of Life Skills Training, developed by Dr. Gilbert J. Botvin, director of the Institute for Prevention Research at Cornell University Medical College.

Children will learn basics such as communication skills, decision-making and assertiveness. Their parents/guardians will get similar instruction as well as additional information on topics such as effective parenting and role-modeling.

Pilot studies in 60 families showed Life Skills Training increased refusal skills and self-esteem, better-equipping kids to decline a friend's offer of a cigarette, Dr. Tingen says. Parents and guardians also liked working with their children on the project. In those studies, 40 percent of the parents said they smoked, 80 percent of children reported that their parents smoked and all children had saliva testing that showed they were exposed to second-hand smoke.

Dr. Tingen estimates that 30-40 percent of the parents/guardians in the new study will be smokers. They will receive self-help information, motivational interviewing and nicotine patches. Motivational interviewing focuses on an individual's strengths in prior situations to help quit smoking.

Children in the control group will receive Georgia's standard health curriculum and their parents/guardians will receive general health education information on nutrition, physical activity and risk factors for cancer and cardiovascular disease.

MCG Tobacco-Free

In a Nov. 15 ceremony at the gazebo formerly known as the Smoking Hut, MCG, MCG Health, Inc. and the Physicians Practice Group officially became tobacco-free. Following a yearlong study and campus engagement effort by a task force of more than 40 representatives of the three organizations, tobacco products are now prohibited from all property—inside and out—owned, leased or controlled by MCG, MCG Health, Inc. and the PPG. The initiative's kickoff date coincided with the American Cancer Society's 31st annual Great American Smokeout.

Levels of cotinine, a breakdown product of nicotine readily measured in saliva, will be documented in both groups at baseline, at two years and as a follow-up at three years. "Cotinine levels can be measured so precisely, it can tell if you are a smoker, if you are not a smoker but are exposed to second-hand smoke, or if you are not a smoker and not exposed," Dr. Tingen says.

"We are trying to create this environment where parents work with kids on expectations at home so they can say, 'We are just not going to be one of those families that have smoking going on,'" she says. "Young children are greatly influenced by what their parents do. When parents role-model smoking, it has a dramatic effect on their children. In fact, most children who smoke got their first cigarettes from their parents."

Her goals include turning things around so that children become change agents for parents. Having Life Skills Training as a part of the standard curriculum would help, she says, noting the courses offered through the grant would be an easy permanent fit since they meet 70 percent of mandated state health education requirements. Dr. Tingen, a certified Life Skills trainer, will train health teachers, school nurses and counselors to lead the programs. Children will start taking classes this winter.

"Tobacco has been and still is the number-one cause of premature death and disability," Dr. Tingen says. "It's directly linked to many cancers, not just the lungs, but also the jaw, the stomach, the bladder, as well as cardiovascular disease, high blood pressure and stroke." As long as nicotine is in the body, it's doing damage, she says. "That's in addition to the other 4,000 chemicals in cigarettes that you are huffing and puffing on or that you are exposed to."

Whites tend to metabolize and excrete nicotine more quickly than blacks, exacerbating adverse effects in blacks, according to her previous studies of four genes that metabolize nicotine. Smoking rates among all Georgia students have increased since 1991, with black students' increase the highest at 80 percent. Black youths also tend to have high exposure rates to second-hand smoke, MCG researchers say.

"Every child at some point is given the opportunity to start smoking," Dr. Tingen says. "Study after study has been done on kids in the ninth and 10th grades asking if they could quit, and they all say they could easily quit before graduation if they want. But you go back and survey them and they can't quit. Quitting smoking is incredibly difficult; the average person tries five times before they are successful. Our goal is that children never start and that parents role model this expectation."

Co-investigators are Dr. Jeannette Andrews, chair of the MCG Department of Biobehavioral Nursing, and Dr. Janie Heath, associate dean for academic affairs, both in the School of Nursing, Dr. Frank Treiber, MCG vice president for research, and Dr. Jennifer Waller, associate professor in the MCG Department of Biostatistics, School of Graduate Studies.

Toni Baker

'I Say No'

JAMIE MARTIN WITH MOM TANIKA

Jamie Martin already knows what he's going to say if a friend asks him to smoke a cigarette.

"I say 'no' because cigarettes are bad things to do and they will give you cancer," says the fourth-grader at Carver Elementary School in Wadley, Ga. "They are bad, and after you light them up, they start stinking because the stuff ... in them starts burning."

On a recent October day, Jamie and his mom, Tanika Martin, signed up for an MCG study designed to give them both more ammunition for this pivotal moment.

"They pick up bad habits by hanging around their friends, but I am trying my best to talk to them and let them know that ... you don't have to do what your friends say to do," says Ms. Martin, who started talking about the hazards of smoking, drinking and other drugs to her eldest child, 9-year-old Jamie, when he was just a third-grader.

Angela Oglesby, counselor at the school of about 300 kids from pre-kindergarten to fifth grade, says Ms. Martin was right on target: by then, most kids are old enough to understand what they are hearing but—ideally—have not yet been confronted by their peers about such aberrant behaviors.

Smoking is not yet a problem at the school in the largely rural county seat of Jefferson County, Ga.—population just under 17,000 with about 2,000 people living in Wadley—but related problems with social skills, decision-making and self-control are recurring themes.

Mrs. Oglesby works proactively with students, using Life Skills Training in classrooms as well as small-group and individual counseling, to help them overcome peer pressure.

She thinks the MCG study, which also takes Life Skills Training and more to parents, is a great idea. "Parents want to be involved and learn to help their children make good decisions. They just need opportunities to learn how to do that."

Carver Elementary families were part of early pilot studies that showed the school-home approach improved children's refusal skills and self-esteem.

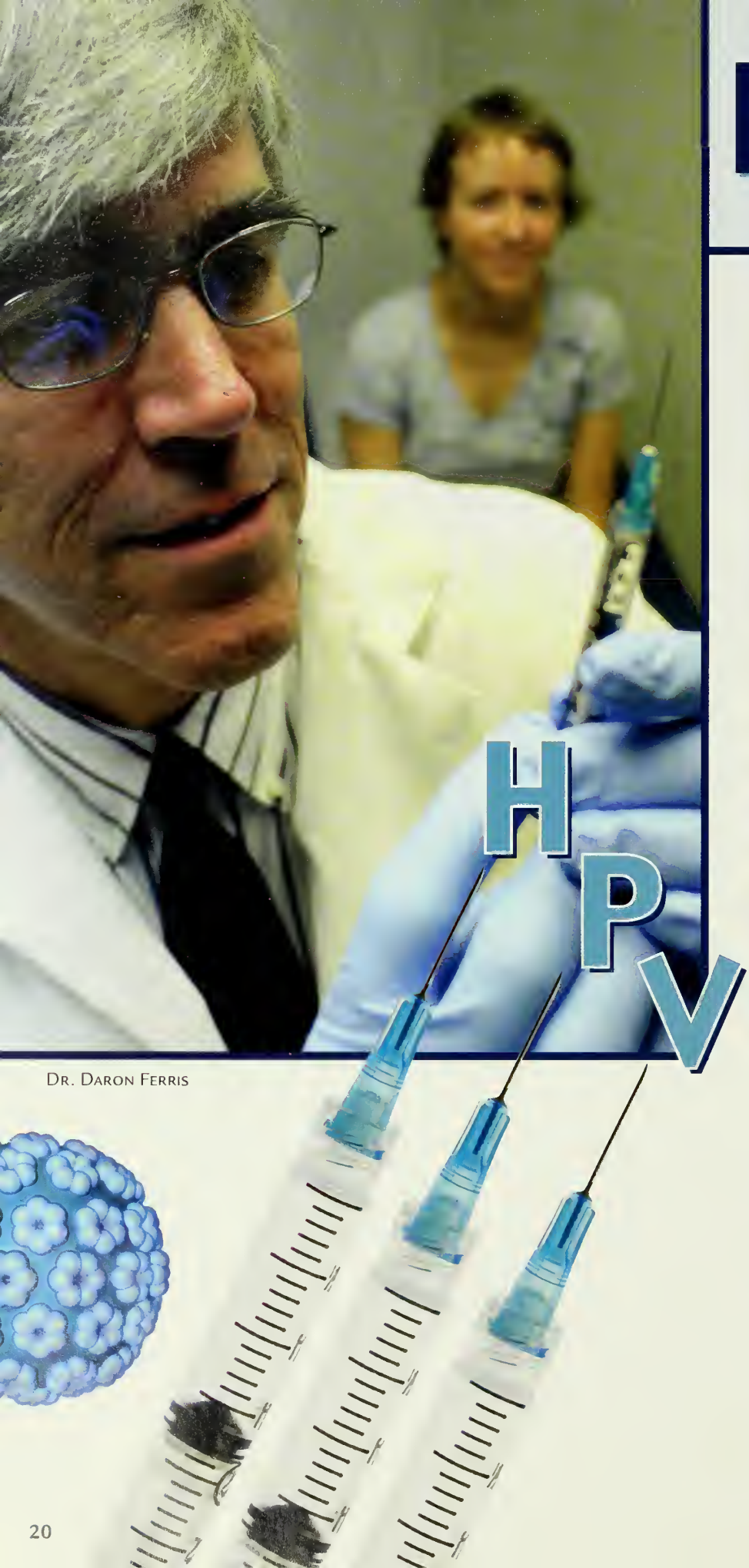
"Ultimately, what children are exposed to at home makes a greater impact on them than what they are exposed to at school," Mrs. Oglesby says. "If schools and parents can work together and deliver the same message to the child, I think it makes a greater impact on the child."

No doubt it has on Jamie.

Though he hasn't yet been asked to sneak behind the school for a smoke, he'll be ready when he is.

Toni Baker

EASY as



Dr. Daron Ferris

3-Dose Vaccine Declares War on HPV

The three letters meant nothing to Allison Walker two years ago.

But a phone call from her sister about a three-dose vaccine under study at MCG would change that and could potentially save her young daughter's life.

"I had never really heard of HPV before my sister mentioned the vaccine study to me," Ms. Walker says of the human papillomavirus, the most common sexually transmitted infection in the country and the major cause of cervical cancer.

Ms. Walker's daughter, Joan, was just 16 at the time—much too young to worry about a sexually transmitted infection or cervical cancer, she thought.

"I was more hesitant about her getting the vaccine from the standpoint of it being new and not on the market yet," Ms. Walker says. "Of course, not wanting to encourage her to have unprotected sex because she might be protected from HPV was a factor, too."

Her own research and reasoning eventually prevailed, and Joan was enrolled in one of many HPV vaccine studies at MCG.

The vaccine under study in her case—called quadrivalent because it prevents infection from four strains of HPV—was Gardasil. Because MCG was one of the first testing sites for the vaccine, study patients such as Joan were among the first to receive the preventive treatment.

Over 12,000 women age 16-26 from 13 countries participated in the Gardasil study. Each woman was injected with either the vaccine or a placebo three times—on day one, in month two and in month six of the study. In February 2006, the independent Data and Safety Monitoring Board recommended terminating the clinical trials so young women on placebo could also receive Gardasil. The drug received final approval from the Food and Drug Administration June 8, 2006.

Gardasil works by mimicking HPV. The vaccine contains proteins that form virus-like particles that assemble into a hollow sphere that looks like the protective coating for HPV 6, 11, 16 and 18. Since this sphere lacks the actual viral DNA on the inside, it cannot cause HPV. But the body is tricked into making antibodies to protect against the real thing, says Dr. Daron Ferris, family medicine physician and director of the MCG Gynecologic Cancer Prevention Center.

Types 16 and 18 of HPV cause about 70 percent of HPV-related cervical cancer cases. HPV types 6 and 11 cause about 90 percent of genital wart cases. Cervical cancer, caused almost exclusively by HPV, is the third most common cause of cancer death among women worldwide. More than 270,000 women died of cervical cancer worldwide in 2002.

"The study of this experimental protective vaccine in adolescents took us to the next step," Dr. Ferris says. "We hope parents realize that, one day, their children will be sexually active. We must give this vaccine prior to individuals initiating intercourse; that's why we selected such a young age group."

The Centers for Disease Control and Prevention recommends the vaccine as early as possible to help reduce the incidence of cervical cancer and reduce the transmission HPV.

'The study took us to the next step.'

Hurdles have included a lack of public understanding that HPV causes cervical cancer and that nearly 80 percent of females will contract it in their lifetime, Dr. Ferris says. Other obstacles include kids' aversion to shots and the cost of the vaccine, which can exceed $360 for three doses, plus the cost of office visits.

One proposed way to lower the cost and to educate the public is to mandate Gardasil vaccination for girls entering school, similar to the required vaccinations against mumps, measles, rubella and hepatitis.

Several states, including New Hampshire and Alaska, have implemented public programs that supply the vaccine free to girls age 11-18. Sixteen other states have legislation pending that could require vaccination before girls enter school. Most of those bills would allow parents to opt their children out of the program for religious or medical reasons, according to the National Conference of State Legislatures.

Of course, there are still unknowns about the vaccine, Dr. Ferris says, including how long it will be effective. But there's only one way to answer questions: "We need further study," he says.

Another question involves the vaccine's efficacy in men. Because both men and women are carriers of HPV, both need to be vaccinated to eradicate the disease. Studies under way will ideally determine whether the vaccine is effective in men, Dr. Ferris says.

New studies are also under way at MCG to compare Gardasil to an experimental 9-valent HPV vaccine, which protects against nine types of HPV—6 and 11, related to genital warts, and 16, 18, and 5, other HPV types associated with an increased risk of severe pre-cancerous cervical dysplasia and cervical cancer.

"The placebo for that study is actually Gardasil," Dr. Ferris says, "so every study patient is getting some form of the vaccine."

The virus is incurable, but Pap smears alert physicians to the precancerous cervical changes that can result. "In the beginning, women usually have mild precancerous changes. The good news is, most of the time, these mild changes go away on their own and we don't have to do any treatment other than following patients closely," says Dr. Ferris.

If cervical cells develop moderate to severe changes—considered true cancer pre-cursors—women will most likely undergo a colposcopy, which allows a closer inspection of the cervix. Pre-cancerous changes are also treated by removing the cervix's mucus-secreting tissue, but potential side effects include reduced fertility and increased risk of giving birth prematurely.

"By women being vaccinated against HPV, we could dramatically reduce the number of women who require surgery and reduce the number of women who develop cervical cancer," Dr. Ferris says.

That was the deciding factor for Ms. Walker. "Her health and well-being superceded any doubts I had about enrolling her in the study," she says. "Joan (now 18) has since mentioned it to a lot of her friends and they're interested in the vaccine, too."

Jennifer Hilliard

Honoring the Legacy

Founding Dean Raymond Bard

'As the flagship university for the allied health programs in Georgia, we will lead the education of the allied health professions in the state and nation.'

Dr. Biagio Vericella, dean from 1988-2001

A lot can happen in 40 years.

Just ask Dr. Shelley Mishoe, dean of the School of Allied Health Sciences. As the school celebrates its 40th anniversary this year, the dean reflects on a history that has culminated in eight departments, 15 disciplines and more than 40 degrees.

The largest growth, she notes, has been in recent years. "Over the past six years, enrollment in our graduate-degree programs has increased by a staggering 231 percent," she says.

Such statistics attest not only to the quality of the school, but to the importance of allied health science in health care. Allied health scientists comprise more than 60 percent of the health care workforce.

"Allied health professionals play major roles in diagnostics and therapeutics, having specialized skills in technology, data and information for the delivery of quality health care," Dr. Mishoe says. "They are uniquely trained not only in treating disease, but in preventing illness and promoting health."

As the nation's population ages and struggles increasingly with chronic disease and disability, the school's mission of educating premier professionals has never been more vital, Dr. Mishoe says.

It's a commitment that founding Dean Raymond Bard made when he insisted on the highest of standards 40 years ago. When Dr. Biagio Vericella assumed the reins in 1988, he redoubled those efforts. Dr. Mishoe's seven-year tenure continues the legacy.

"First and foremost, the school has honored the legacy of providing the highest quality of educational programs to meet the allied health workforce needs of Georgia and beyond," Dr. Mishoe says. "Each of our programs has had the longest possible length for accreditation, almost 95 percent student retention rates, pass rates on credentialing exams exceeding the national pass rates and full employment of our graduates."

In addition to educational success, the school has bolstered its clinical mission, most notably with the recent implementation of the MCG Allied Health Sciences Practice Group, Inc.

"The practice plan has provided new opportunities for our faculty to provide clinical care and maintain cutting-edge professional skills," explains Dr. Mishoe. "The practice plan also provides opportunities for faculty to earn competitive salaries, helping faculty recruitment and retention."

School of Allied Health Sciences Celebrates 40th Anniversary 1968 - 2008

Current Dean Shelley Mishoe

Students benefit from the resource as well; the MCG Allied Health Sciences Practice Group, Inc. has increased clinical rotation and internship opportunities.

As educational and clinical achievements have multiplied, so has the school's research initiative. The school has submitted 18 grants totaling $1.3 million in the past year.

"The school currently has two federal research grants and recently completed two federally funded training grants," says Dr. Mishoe. "In addition, two faculty members have been awarded MCG intramural grants to pursue pilot projects."

Industry- and foundation-funded research projects are growing as well.

Dr. Mishoe expects a "distinct evolution" of allied health professions in the next decade, citing emerging disciplines, increased collaboration and burgeoning technology. Such advances will be vital, she notes, in addressing workplace shortages that afflict many allied health professions. "As the flagship university for the allied health programs in Georgia, we will lead the evolution of the allied health professions in the state and nation.

"A huge issue will be the severe shortages of allied health professionals due to the increased demand from an aging population and a growing population in Georgia," she says. "This is occurring at a time when the number of retiring individuals is much higher than the number of new health professionals graduating. We already have hospital vacancy rates as high as 20 percent in several allied health disciplines, and the need is projected to grow by 50 percent by 2012."

MCG, she says, is at the forefront of innovation to address the problem.

"MCG is doing everything possible to meet the needs of our community, state and nation," she says. "Allied health professionals are crucial to our nation's wellness, and the public deserves no less than our most committed effort."

Health Sciences Building, current home of the Schools of Allied Health Sciences and Nursing

GUT FEEL

Probiotics Research Indicates Good Bacteria Can Conquer Bad

It's a balancing act that you feel in your gut.

More than 400 types of bacteria—good and bad—live in the digestive system and help break down food. A settled stomach and smooth elimination attest to a healthy balance. But excess bad bacteria—caused by factors including alcohol, stress, disease and exposure to toxins—can set the stage for upset stomachs, diarrhea and other problems.

"People mostly get diarrhea by being exposed to viruses or bacteria and ingesting them," says Dr. Scott Martin, a professor in the Medical College of Georgia Department of Physician Assistant. "They may touch something that's been exposed to these bacteria and viruses, then wipe their eyes or nose and eventually become ill. Contaminated food is another source of infection."

But good bacteria, he says, can conquer the bad.

Probiotics, or healthy bacteria, combat digestive problems by competitive exclusion, Dr. Martin says. "The good bacteria out-compete the bad and bind to the intestines to keep the bad from attaching and causing the

PROBIOTICS AT A GLANCE

- *Priobiotics ("for life") have been used for centuries as natural components in health-promoting foods.*
- *Nobel Laureate Eli Metchnikoff, a Russian scientist, in the early 1900s suggested the possibility of modifying the gut flora and replacing harmful microbes with useful microbes.*
- *Henry Tissier of the Pasteur Institute was the first to isolate a Bifidobacterium, isolating the bacteria from a breast-fed infant. He showed that the bacteria are predominant in the gut flora of breast-fed babies and recommended administering them to infants with diarrhea.*
- *In 1917, Alfred Nissle, a German professor, isolated a strain of Escherichia coli from the feces of a World War I solider who was unaffected by a severe outbreak of shigellosis. He used the strain to successfully treat many acute cases of infectious intestinal diseases.*
- *The term "probiotics" was introduced in 1965 by Daniel Lilly and Rosalie Stillwell of St. John's University in New York, defining them as growth-promoting factors produced by microorganisms.*
- *The dairy industry began promoting new yogurts containing Lactobacillus acidophilus in the 1960s.*
- *In 1989, Roy Fuller broadened the definition of probiotics to "a live microbial feed supplement which beneficially affects the host animal by improving its intestinal microbial balance."*

Source: Wikipedia

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illness. Consequently, the bad organism gets flushed out of the gastrointestinal tract."

Probiotics also counter the complications of antibiotics, which don't differentiate between good and bad bacteria. "Because they kill both types of bacteria, not just the disease-causing ones, antibiotics leave us susceptible to harmful organisms that can cause yeast infections and diarrhea," Dr. Martin says. "People taking antibiotics often counter those effects by taking a probiotic supplement or eating yogurt that contains live cultures."

Indeed, he notes, yogurt's health benefits have long been considered no-brainers. But only recently have many of those benefits been traced to probiotics, which are added to foods including yogurt and sauerkraut to speed the fermentation process. Probiotics are also available in a pill form and can be purchased at most pharmacies.

"We haven't even begun to identify all of the bacteria—good and bad—in the human body," Dr. Martin says. "But we do know now that good bacteria prevent bad bacteria from surviving and multiplying, which has obvious positive health effects."

Most probiotic research has focused on two forms of nonpathogenic bacteria—lactobacilli and bifidobacteria—because probiotics occur naturally in the colon and are used in the fermentation process to make yogurt. But as the research advances, evidence suggests that more health benefits will be uncovered.

"There is some early evidence that probiotics may hold promise as a way to prevent colon cancer and other diseases, but we don't have enough research to prove that right now," he says.

Jennifer Hilliard

Dr. Scott Martin

They've Got Your NUMBER

Biostatistics Students Tackle Maze of Math and Medicine

Do race, sex and insurance status influence treatment of heart attacks? What's the relationship between denture cast size and denture tooth size? Can a two-hour glucose tolerance test predict heart disease better than traditional methods?

These questions may seem like the domain of health care providers...and they are...but the answers involve a good bit of number-crunching as well, as Medical College of Georgia students are learning.

Georgia's first fully funded state master of science in biostatistics program, which began in 2006, has eight students midway through the two-year program and four more who began this fall. Dr. Jennifer Waller, associate professor and director of graduate programs in MCG's Department of Biostatistics, says the department can't keep up with demand. "I don't think we can train biostatisticians fast enough to meet the need."

The University System of Georgia Board of Regents has approved a second master's program in clinical and translational science that will start next summer, and a Ph.D. program will enroll biostatistics doctoral students next fall. Dr. Waller anticipates approximately 20 students per year when all three programs are operational, with 10 instructors.

It's a far cry from the former MCG Office of Biostatistics, which operated primarily as a service center for campus. In 2004, the office became an academic department that accepted its first students in 2006, training them to become biostatisticians in a collaborative environment.

That collaboration is a critical element of student training at MCG. While there are plenty of biostatistics programs nationwide, those with MCG's hands-on approach are rare.

"This is much more of an applied program," says Dr. Waller, "We're training people to be consulting statisticians rather than theoretical statisticians. We want to teach students how to get their hands dirty, how to take massive data and make sense of it, how to work with an investigator as a collaborator. A lot of other programs don't necessarily focus on that collaborative effort that goes on between an outside investigator and a statistician."

Biostatisticians analyze data from medical and biological research by studying variability—what distinguishes how groups differ. Researchers and statisticians often don't understand each other's language, says Dr. Waller, "so they're teaching us and we're teaching them. We all have to understand each other in order to get a finished product out there that makes sense, has integrity and hasn't crossed any ethical boundaries. We have to communicate what the data mean to investigators in their terms. We have to understand a little bit about the medical, biological and clinical aspects behind the research to communicate effectively. Sometimes it's difficult because the researchers are using their jargon and we're using ours. We have to try and make our languages work together."

MCG biostatistics students get to practice this critical skill early, participating in campus projects directly with investigators as part of a summer consulting class.

"It's been fun," Nathan Baker, a student says of the summer program, in which he studied prostate cancer awareness and beverage intake's relation to body mass index. "I haven't had biology since high school

"We want to teach students how to get their hands dirty."

in the early '90s, so when I got here, I was just terrified I was going to have to learn again how a cell structure was put together, how arteries were built and all these DNA sequences. Most of the researchers are really good about laying out what they're doing, what the variables are and how things work in their general form. With a few hours of reading, I can understand what I'm working with, what they're looking for and how the system works. I'm not as scared to look at variables with funny names now."

"We always work under the guidance of a faculty member or two," says student Ahn Le, whose projects involved health disparity issues on insurance reimbursement and colorectal cancer morbidity

Dr. Jennifer Waller works with biostatistics students

continued on page 28

SPECIAL(DELIV

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rates. "Every step I take in analyzing the data, I am ensured it's the correct way to do it with the support of the faculty. All the clients have always been very nice and cooperative."

"It's been very positive. The faculty on campus we have worked with have been very supportive," agrees Dr. Waller.

With summer projects under their belts, students are preparing research or consulting projects for their final year. Most are expected to engage in a major collaborative consulting project, but prospective Ph.D. candidates are likely to undertake a thesis involving statistical analysis research.

What's it like being the first group in a new program?

"Stressful. Pressure," says Mr. Baker. "Got to live up to expectations. A 'B' means that you didn't do well enough."

"It's hard because we don't have anybody ahead of us to talk to about it," concurs Ms. Le. "Especially if the courses are hard or you have to prepare for exams, we have no feedback but the professors. But the faculty have been wonderful, because we work one on one. They've always been very, very supportive and very friendly.

"We're the first class. We're the guinea pigs, but the guinea pigs have special privileges sometimes," she says with a laugh. "This whole class is so close. I think even the faculty realize how bonded we are.

"We're so new, people don't realize how interdisciplinary we are; we work with the Schools of Dentistry and Medicine, with the residents, the medical graduate program, the Ph.D.s, the biomedical sciences, oral biology people, even with a lot of nursing and health informatics, yet no one know who we are."

That's likely to change.

"We're pretty busy," stresses Dr. Waller. "We're trying to grow this department and offer students another opportunity to further their career. Our master's in clinical and translational science will start next summer. It will focus on clinicians who don't necessarily have a research background and give them the skills to do research."

MCG biostatistician graduates will be prepared to design experimental and observational studies and clinical trials; confirm that hypotheses are testable; translate hypotheses into numbers of test subjects; analyze results; and write final manuscripts—in short, immersion from beginning to end, significantly contributing to research in all biomedical sciences.

Dr. Waller anticipates most graduates will find work in the corporate world for a pharmaceutical or biotech company, consult with physicians or other researchers, or work in government. Median annual salaries for entry-level industry positions requiring master's degrees start around $65,000. Opportunities are available in academic research centers as well, in medicine, nursing, dentistry, allied health sciences and biological sciences.

As with anything new, the program has had some growing pains.

"We're still working through some of the kinks," says Dr. Waller, "trying to adjust some things that didn't quite work out how we wanted, but we're learning.

"We're moving forward, trying to improve what we're doing," she adds. "We're better than we were a year ago, we're learning as we go, and we understand a little better about where we want to be."

Sharron Walls

Photo illustration of Matt Carter juggling different specialties

Residency Enables General Dentists to Broaden Services

There's no place like home for Dr. Matthew Carter.

The School of Dentistry resident has always known that when he's finished with school, he's heading back to his roots in Adel, Ga.

And once he begins his practice, he wants to meet as many of his patients' needs as possible, particularly considering the dearth of specialists in the area.

"I do want to be close to my family, so naturally, I want to return there and practice," said Dr. Carter. "But I want to be able to treat my patients and not have to send them to Atlanta to see specialists," he says.

A new School of Dentistry residency program will optimize his ability to do just that.

The Advanced Education in General Dentistry program, which began in July, provides advanced training in general and specialized oral health care, enhancing clinical skills and knowledge beyond the four years of dental school.

continued on page 31

Dr. Jan Mitchell with residents Don Schmidtke (from left), Jeff Newdome and Matt Carter

continued from page 29

"This program will teach me about many areas of dentistry, allowing me to keep my patients with me," says Dr. Carter. "That's the wonderful benefit of the program and the main reason I chose it."

The program recently got a shot in the arm with a $1.3 million U.S. Health Resources and Services Administration grant.

"The grant will be used for stipends and salaries, as well as teleconferencing and travel expenses for the residents," said Dr. James Barenie, associate dean for academic affairs and advanced education.

The one-year program covers endodontics, implant dentistry, oral and maxillofacial surgery, orthodontics, pediatric dentistry and periodontics.

"Graduates will be more comfortable and familiar with specialties in dentistry so they can handle cases that otherwise would have to be referred elsewhere," said Dr. Jan Mitchell, program director and associate professor of oral rehabilitation. "The benchmark is to train high-quality general dentists to manage the care of patients with complex restorative needs."

The program will eventually include two-week rotations in eight health sites in Georgia. "Sending the residents to these sites will give them an excellent hands-on experience," said Dr. Barenie. "Overall, they will get a taste of each specialty and become more advanced in diagnostic skills as well as treatment-planning skills."

"MCG now offers eight of the 10 residency programs accredited by the Council on Dental Education," said School of Dentistry Dean Connie Drisko. "Though we hope to eventually add public health and radiology residencies, we saw a more immediate need for the Advanced Education in General Dentistry program. Georgia is a large state, and many of our dentists go into small areas where specialists are hard to find. This program takes them beyond the basic skills they learn in dental school so they can address more complicated, advanced cases."

The school already offers a general practice residency, "but it focuses more on surgery and medically compromised patients," said Dr. Barenie. "It is usually more hospital-oriented."

The programs share several seminars and workshops. But while general practice residents complete emergency room and anesthesia rotations, for example, residents of the new program focus on treatment-planning and complex dental cases.

"We spent 80 percent of our time in clinic," Dr. Mitchell said. "We have one year to teach specific procedures, while specialists have two to four years to go in depth. We concentrate on learning new techniques as well as which procedure is best for a particular patient."

The program also benefits MCG patients, Dr. Drisko noted. "This residency program allows us to take care of the people with problems that surpass the capabilities of our dental students, but aren't so complicated that they need to see a specialist for all of their dental care," she said. "It broadens our patient pool."

Amy Connell and Kim Miller

A MAN on a MISSION

Altruism Leads to Indigent-Care Hospital in India

Dr. Van Cise Knowles' Medical College of Georgia education prepared him well for his career, but he grudgingly acknowledges that a few lessons he had to learn on his own.

Medical school didn't prepare him, for instance, to perform surgery in a parking garage. Or to treat desperately ill people in triple-digit heat that on a good day was relieved by the dull whir of a fan. Or to serve such an endless line of polio and leprosy patients that he barely noticed the fever, body aches and rash that signaled his own brush with Dengue fever.

But then, not every doctor goes to the farthest ends of the earth to treat the world's most impoverished people. To Dr. Knowles, it's all in a day's work.

"That's why I became a physician," he says simply in a low, gravelly Southern drawl. "Growing up, I always thought about giving, and particularly giving in a field that helped others."

Dr. Knowles, whose father was a Methodist minister, grew up in Albany, Ga., earned a biology degree from the University of Georgia, then enrolled in the MCG School of Medicine to embark on the ultimate giving career.

After graduating in 1966, he completed an MCG internship, served two years in the Navy, went back to MCG for a general surgery residency, then hung his shingle back home in Albany.

His practice was fulfilling, and he and wife Wesley certainly stayed busy with their growing family—a daughter and twin sons—but Dr. Knowles had a vague sense of restlessness. His service somehow seemed lacking. He knew there was more to do, more people to help, more ground to cover.

C.S.I. Somervell Hospital and Medical School

He shared his frustration with an anesthesiologist friend over dinner one evening in the early 1980s. Their pastor, Dr. Bill Hinson of First United Methodist Church in Albany, had recently challenged the congregation to serve beyond the narrow boundaries of their hometown.

Dr. Knowles in surgery

Dr. Knowles and his friend decided the only way to do that was ... well ... to *do* it.

Their first mission trip was to Neyyoor, South India in summer 1984. In some ways, the place was paradise. Beaches, forests and waterfalls abounded. But so did poverty. "Every disease was poverty-related," Dr. Knowles says, citing everything from malnutrition to intestinal diseases borne of filthy water and sparse protection from the harshest elements of nature. Adding to the challenge was the fact that most people had such limited access to health care that their diseases were often far-advanced.

"We saw lots of exotic surgical and medical problems, including elephantiasis, malaria and Dengue fever," he says, noting that his own bout came in 1986. By that time, the mission trips had become better-organized, with more volunteers coming along and rolling up their sleeves. The group had moved from Neyyoor to the even more primitive C.S.I. Somervell Hospital in Karakonam, South India, a single-room facility staffed by one physician and seven assistants.

"When I led our team back to Karakonam in 1989 after sending funds for a new well for water and a 10-kilowat generator for electricity, we did 100 surgical cases in an operating room made out of

Dr. Knowles with family in Karakonam

the ambulance parking garage," Dr. Knowles says. "Indian air-conditioning was a fan when the electricity worked. Our biggest case was a subtotal esophagogastrectomy with staples—the first staple procedure in India!"

The successes were exhilarating, but the limitations intolerable.

"As time went on, we realized that two weeks of work used up all their resources," Dr. Knowles said. "They'd run out of stuff and we did, too. It's kind of hard to operate without sutures and antibiotics."

'I just made up my mind that God was going to take care of me and things were going to work out.'

His mission group, which had grown into the Southwest Georgia Medical Mission Team, Inc., collected donations to improve and better equip the clinic. The task sometimes seemed insurmountable. In addition to the medical challenges, Dr. Knowles struggled to keep his family afloat financially. His children were older now, and he had college bills to pay.

"Every time I went to India, it cost me two weeks of my solo practice, plus lead time and recovery time," says Dr. Knowles, who was also making mission trips to central America. "I just made up my mind that God was going to take care of me and things were going to work out."

"He was a solo practitioner, so when he was gone, the bills kept coming but there was no money coming in," says wife Wesley. But she fully supported her husband and considered the financial constraints a minor problem.

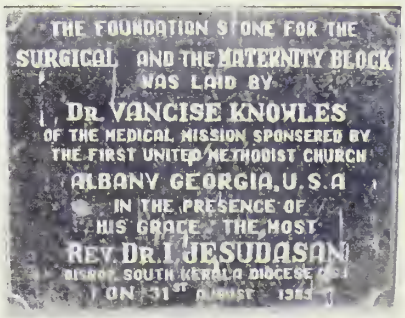
"Van and I always lived a very conservative lifestyle," she says. "Our children weren't showered with a lot of things, but they got along just fine. We decided that God provides."

Her husband's persistence paid off. Each time the mission group returned to Karakonam, the facility got better and better. "Every single year that the group returned, there was progress," Mrs. Knowles says. "I think it's due largely to the continuity of the people in India. Some of the same doctors and nurses who were there from day one are still there, still involved. I think that's the secret. They've been in our home and we've been in theirs. We've watched each other's children grow up. You build relationships."

Today, the single-room clinic has grown to the 500-bed CSI Dr. Somervell Hospital and Medical School. "We serve a very large indigent Indian population that would otherwise get little or no care," Dr. Knowles says. "And yes, there is now air-conditioning for the 14 operating rooms and ob-gyn delivery suites."

When a devastating tsunami struck in 1996, the hospital took over, treating hundreds of victims.

The hospital also houses a nursing school for 80 students and a medical school with 100 students per class. Over 800 full-time physicians, teachers, nurses and support staff fill the rosters. Residency programs are planned for public health, ear-nose-throat, obstetrics/gynecology, ophthalmology and general surgery. Four outreach clinics supplement the service.


THE FOUNDATION STONE FOR THE
SURGICAL AND THE MATERNITY BLOCK
WAS LAID BY
DR. VANCISE KNOWLES
OF THE MEDICAL MISSION SPONSERED BY
THE FIRST UNITED METHODIST CHURCH
ALBANY GEORGIA, U.S.A
IN THE PRESENCE OF
HIS GRACE THE MOST
REV. DR. I. JESUDASAN
ON 31ST AUGUST

Plaque outside of hospital

"A fifth one is planned in the southernmost, most indigent, tsunami-ravaged part of south India," Dr. Knowles says. "This mission hospital will continue to serve this indigent population for many years to come. It is an awesome task, but we've come so far."

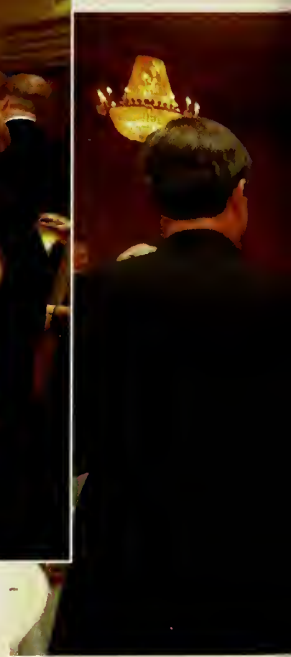
Two years ago, Mrs. Knowles and their children—Amy, Kenneth and David, all of whom now work in health care—surprised Dr. Knowles at the Karakonam hospital to celebrate his retirement from his Albany practice. His children have all followed in his footsteps: son David does mission work, and Ken and Amy participate in disaster-relief efforts. "We never preached to them [about volunteerism]," Mrs. Knowles said. "But I think being exposed to it made a difference."

Dr. Knowles' children aren't the only ones who took note of his altruism. He was recently honored with the American College of Surgeons' International Humanitarian Award. Dr. Knowles took the honor, as he takes all other, in stride. "I'm just a general surgeon from the sticks," he says. "But surgeons can make a difference."

Christine Hurley Deriso

Glitz, Glamour and Gratitude

Dozens of MCG supporters were honored at the MCG President's Dinner Oct. 20, an annual celebration of those whose dedication and generosity help the university achieve its mission of improving health and reducing the burden of illness in society.



MCG's President's Dinner honors its most dedicated supporters

Vessel of Life Award

Dr. Fisher Honored for 40-Plus Years of Support

The Medical College of Georgia has presented its 2007 Vessel of Life Award to Dr. Emile Fisher, an Atlanta periodontist and a clinical faculty member in the MCG School of Dentistry.

President Daniel W. Rahn presented the award, which honors professional achievement and contributions to society that enhance MCG's mission of education, research and service, at the annual President's Dinner Oct. 20.

Dr. Fisher's involvement with MCG began came when he struck up a friendship with founding School of Dentistry Dean Judson C. Hickey in the mid-'60s. Dr. Hickey was trying to cultivate statewide support for the fledgling school, and he had his work cut out for him.

"There was a lot of opposition throughout Georgia to opening a dental school in Augusta, so Dean Hickey was going all over the state trying to make friends and convince people that he was just doing his job; it was the state legislature that voted to start a new dental school," said Dr. Fisher.

Struck by Dr. Hickey's persistence and optimism, the two became allies.

'His generosity is truly overwhelming.'

"We became great friends," Dr. Fisher said of his support for the dean and his vision of a state-supported dental school. "Tuition had become so expensive at private universities. Georgians desperately needed more dentists from low- and middle-income families who could afford the lower tuition at a state school versus applicants from wealthy families who could afford private universities."

He joined the clinical faculty and began a scholarship fund that was in place when MCG's first dental students began their education in 1969 and has benefited every class since.

Since his first gift of $825 nearly 40 years ago, he has given more than $150,000 in scholarships, according to Dale Crail, director of development for the School of Dentistry. An endowment he created will ensure perpetual $1,000 scholarships for five students each year.

"His generosity is truly overwhelming," said Dean Connie Drisko. "Countless numbers of our students have benefited from not only his generosity, but his knowledge of the field of dentistry. In so many ways, the dental school is a stronger and better institution because of his influence."

Dr. Fisher also worked with the Georgia Dental Association to form a foundation that would provide scholarships to Georgians interested in dentistry. The association provided $50,000 to form the Georgia Dental Education Foundation in 1985. Since then, the foundation, now known as the Emile T. Fisher Foundation for Dental Education in Georgia, has created an endowment of about $700,000 and provided approximately $360,000 in scholarships.

Dr. Fisher also contributes to scholarships provided by Omicron Kappa Upsilon, the dental honor society, and he recently donated $500,000 toward the School of Dentistry building fund, the largest gift to the building fund to date.

Dr. Fisher also funds scholarships at Wake Forest University, East Carolina University, Renssalear Polytechnic Institute, Emory University and Morehouse College.

Dr. Fisher is the School of Dentistry's first member of the Milton Antony Guild, MCG's recognition society that honors donors who include the institution in their estate-planning.

He is an active volunteer for his church, the Episcopal Cathedral of St. Philip in Buckhead.

Jennifer Hilliard

MCG President Daniel W. Rahn (right) presents 2007 Vessel of Life Award to Dr. Emile Fisher

'The Best of Both Worlds'

Dr. Nelson Clements didn't fully appreciate his MCG education until it was over.

It was during his continuing education courses as a practicing dentist that he noticed he was often outpacing graduates of other schools. "I was very surprised at what a very good education I'd received compared to other dentists," he says. "Dental school was hard at the time, but I surely grew to appreciate it."

His loyalty to his alma mater is a family tradition. His grandfather and father graduated from the MCG School of Medicine in 1900 and 1943, respectively.

Dr. Clements shared their love of health care but grew fascinated with dentistry while receiving orthodontic treatment as a child. "My teeth were very crowded, and I was just amazed my orthodontist could move them like that," he says. "And all the dentists were so nice."

He chuckles that his father wasn't completely sold on his career choice. "The day before I left for dental school, my father had me in the operating room watching him do a hysterectomy. He said, 'I just want to be sure you're making the right choice.' I assured him I was."

After earning his dental degree in 1980, Dr. Clements began a general dentistry practice in Valdosta, Ga., just a few miles from his hometown of Adel.

"I'm just a country boy," he says, citing the satisfaction of treating some 2,500 of his friends and neighbors. "I like everything about my practice. I emphasize cosmetics and cosmetic reconstruction, and I enjoy people's reactions to the results."

He also teaches cosmetic dentistry to fellow dentists. "I taught for six years at the Las Vegas Institute," he says. "I counted 51 trips to Las Vegas in six years. Now, I'm teaching at The Dental Healthcare Centre in Cleveland. I hope to limit myself to four trips a year."

Traveling may wear thin, he says, but teaching never does. "The cool thing about teaching is I'm always up on the latest techniques and materials. The teaching centers are living laboratories. For me, teaching is a hobby. It's how I get reinvigorated. Between my practice and my teaching, I have really the best of both worlds."

Although he doesn't teach MCG students, he supports their education, along with many other School of Dentistry initiatives. He and his wife, Angela, recently pledged $25,000 to the school's building fund.

"I think dentistry has a very, very bright future," he says. "Dentists seem to get progressively more enjoyment from what they're doing."

And as he learned early in his career, nowhere are dental students better-prepared than at MCG. "I think MCG is headed in the right direction," he says. "I like [School of Dentistry Dean Connie Drisko]. I like her vision. I like her commitment to dentistry and to MCG. I hope that others who came along in my era will take the time to get to know her and understand what she's trying to do, because they're going to want to help her do it. I'm very excited about the school's future."

Christine Hurley Deriso

Where There's a Will, There's a Way

Testamentary gifts have become one of the most important giving vehicles in the United States—and for good reason.

A will is a powerful instrument that allows you to preserve your estate, dictate how property and assets will be directed, instruct when distributions will be made and make charitable gifts that may not have been possible during your lifetime.

Consider the tremendous impact of testamentary gifts on your alma mater. By designating MCG as a beneficiary in your will, you create a guaranteed income stream with limitless potential. You can specify how the funds will be used, or allow MCG to apply your gift to the area of greatest need.

Common types of bequests are:

- **ENDOWED BEQUESTS,** in which MCG holds the principal funds indefinitely in an interest-bearing account. The income generated from the principal can fund a scholarship, chair, professorship, residency/fellowship program, research endowment or other program.
- **UNRESTRICTED BEQUESTS,** gifts without conditions that allow MCG to apply them to an under-funded need. An unrestricted bequest offers the same tax benefits to your estate as an endowed bequest.
- **HONORARY OR MEMORIAL BEQUESTS,** made in honor of or in memory of someone you hold in high esteem.

Any type of gift in your will is a great way to leave a lasting legacy that will contribute to MCG's long-term success. Interested in learning more? Please contact me at your convenience. I look forward to helping you get started establishing your legacy.

Sincerely,

Anthony (Tony) Duva
Associate Vice President for Gift Planning
800-869-1113
aduva@mcg.edu

Options for Remembering MCG in Your Will

- A BEQUEST OF A FIXED DOLLAR AMOUNT.
- A PERCENTAGE OF YOUR ESTATE, ALLOWING YOU TO KEEP THE DIVISION OF THE ESTATE RESIDUE IN DESIRED PROPORTIONS REGARDLESS OF ITS SIZE.
- A CONTINGENT GIFT IN WHICH FUNDS GO TO MCG IF A DESIGNATED BENEFICIARY PREDECEASES YOU.
- A TRUST THAT PAYS INCOME TO A DESIGNATED INDIVIDUAL FOR LIFE, WITH THE REMAINING PRINCIPAL TO BE GIVEN TO MCG THEREAFTER.
- A GIFT IN MEMORY/HONOR OF YOURSELF, YOUR FAMILY OR A PERSON YOU HAVE LOVED OR ADMIRED.

HOMECOMING

April 24-27, 2008

The following activities are planned for MCG alumni, faculty and students during Homecoming 2008 April 24-27. Registration information will be mailed. For more information, contact 800-869-1113 (phone), 706-721-6723 (fax) or ***www.mcg.edu/alumni/Homecoming2008****.*

SCHOOL OF ALLIED HEALTH SCIENCES

Thursday, April 24

Occupational Therapy Two-Day Continuing Education Course, Health Sciences Building, 8 a.m. to 4:30 p.m. Drs. Ben Herz, Ricky Joseph and Jose Rafols will discuss "Physical Agent Modalities: Application and Practice Within an Occupational Therapy Framework." Cost: $240 for alumni and students, $300 for others. Enrollment limited to 30.

Occupation Therapy Reception and Open House, Health Sciences Building, 5-6:30 p.m. Join us to celebrate OT Month and recognize the Outstanding Fieldworker Educator and Site. Our corporate partners, Publix, Coca-Cola, John and Mary Franklin, the Health Center Credit Unit and Abilitations, Inc., will be honored. Contact Virginia Brown at virbrown@mcg.edu or 706-721-3641 for more information.

Respiratory Therapy Continuing Education Program, Health Sciences Building, 8 a.m. to 5 p.m. Topic: critical care and diagnostics. Cost: $70 for alumni, $95 for others. Seven hours of continuing education available. Contact Kitty Hernlen at 706-721-3554 for more information.

Respiratory Therapy Vendor Fair, Health Sciences Building, 10 a.m. to 2 p.m. See our new facility and watch industry representatives demonstrate their newest respiratory products in our labs.

Respiratory Therapy Reception, Cotton Patch, 7 p.m. Join us in an informal setting to mix and mingle as we celebrate 30-plus years of respiratory therapy at MCG. Heavy hors d'oeuvres with a cash bar. Contact Susan Whiddon, 706-721-3554, for more information.

Friday, April 25

Second Annual Art Hardy Memorial Golf Tournament, Forest Hills Golf Course, 8:30 a.m. to 5 p.m. The $65 cost includes lunch. Join the faculty, staff and students of the Department of Respiratory Therapy for a day of golf and fun. This tournament memorializes Art Hardy ('91), who died while transporting a critically ill infant. Proceeds benefit respiratory therapy education and scholarship funds. Contact Art Taft, 706-721-3554, for more information.

Dental Hygiene Alumni Day, MCG Alumni Center, 8 a.m. to 12:30 p.m. Cost: $70 for alumni, $95 for others. Four hours of continuing education credit. Contact Mary Downey, 706-721-2938, for more information.

Health Informatics Annual Advisory Board Meeting, Health Informatics Building, 9-11:30 a.m.

Health Informatics Luncheon and Research Poster Presentations, Health Informatics Building, noon to 2 p.m. Students, faculty, staff and alumni invited.

Occupational Therapy Continuing Education Course, Health Sciences Building, 8 a.m. to 4 p.m. Jeff Swift and Sharon Swift will discuss "Seating and Mobility to Enhance Occupational Performance." Cost: $125 for alumni and students, $150 for others.

EVENTS FOR ALL ALUMNI

Thursday, April 24

On-site registration, MCG Alumni Center, 9 a.m. to 2 p.m.

Friday, April 25

On-site registration, MCG Alumni Center, 9 a.m. to 3 p.m.

Hospitality Suite, Marriott Hotel and Suites, Terrace Room, 3-6 p.m.

Saturday, April 26

On-site registration, MCG Alumni Center, 9 a.m. to 3 p.m.

President's Cookout, noon, President's Home. Join Dr. and Mrs. Daniel W. Rahn for an old-fashioned backyard cookout. Bring the whole family! *Dress: dressy casual.*

Hospitality Suite, Marriott Hotel and Suites, Terrace Room, 3-6 p.m.

Homecoming Dance, Marriott Hotel and Suites, Oglethorpe Ballroom, 9:45 p.m., featuring The Tony Howard Band and Show. Consummate entertainer Tony Howard, one of the area's best performers will offer jazz, rock, beach music and oldies. *Dress: semi-formal.*

Physician Assistant Continuing Education Course, Health Sciences Building, 8:30 a.m. to 4:30 p.m. Topics include diabetes, anemia, probiotics, prostate cancer, drugs and back surgery. Six continuing education credits available. Cost: $70 (includes lunch). Call 706-721-3246 for more information.

Saturday, April 26

School of Allied Health Sciences 40th Anniversary Banquet and Distinguished Alumnus Presentation, Marriott Hotel and Suites, 6 p.m. Dress: semi-formal. We will celebrate past accomplishments

and look to the future to see how the School of Allied Health Sciences will influence the future of health care in Georgia and beyond. Honorees will include 2008 Distinguished Alumna Robinette Amaker (Occupational Therapy, '84 and '91), scholarship and Lifetime Membership Award recipients and graduates from 1970, 1980, 1990 and 2000.

Sunday, April 27
Biomedical and Radiological Technologies Class Reunion, MCG Alumni Center, 10-11:30 a.m., honoring the 2002 and 2007 graduates of Diagnostic Medical Sonography, Medical Dosimetry, Medical Technology and Nuclear Medicine Technology. Activities include a brunch and tour of the Health Sciences Building. For more information, call 706-721-3046 or e-mail janb@mcg.edu.

SCHOOL OF DENTISTRY

Friday, April 25
30th Annual Marvin Goldstein Lectureship and Luncheon, Marriott Hotel and Suites, 8 a.m. lecture, noon lunch. Cost: $95. Dr. Dennis P. Tarnow will discuss "Biological and Clinical Factors for Ultimate Esthetics Around Implants." *Dress: business casual.*

School of Dentistry Alumni Association Reception, Marriott Hotel and Suites, 3-5 p.m. Enjoy light hors d'oeuvres and conversation in a relaxed setting with fellow alumni, faculty and friends. *Dress: business casual.*

School of Dentistry Volunteer Faculty Appreciation Dinner, Enterprise Event Center, 6:30 p.m. Dean Connie Drisko will honor the volunteer and adjunct faculty who help the school achieve its teaching and clinical missions. *Dress: casual.*

Saturday, April 26
Saturday CE with Faculty, School of Dentistry Room 1020, 8:30 a.m. continental breakfast, 9-11 a.m. program. Dr. Roy Rockman, director of MCG's Pediatric Dentistry Graduate Program, will discuss "Why Are We Striking Out: A New Approach to Preventive Dentistry in Children" and Dr. Sajitha Kalathingal will discuss "Cone Beam CT: Three-Dimensional Imaging for Diagnosis and Treatment-Planning." Free for Alumni Association members, $50 for others. *Dress: business casual.* Pre-registration required.

Canal Boat Tours, Augusta Canal Interpretive Center, 2 p.m. and 3 p.m., sponsored by the School of Dentistry Alumni Association. School of Dentistry alumni, faculty and their families are invited to join "Captain" Wade Hammer as we voyage down the great Augusta Canal. Seating on each tour limited to 35. *Dress: casual.*

School of Dentistry Banquet and Class Reunion, Marriott Hotel and Suites, 6 p.m. Cost: $45. The classes of 1978, 1983, 1988, 1993 and 1998 will be honored. Alumni, faculty, friends and reunion classes are invited to hear about the school's successes and plans toward realizing the dream of building a new dental school. *Dress: semi-formal.*

Tim Conway Photography will take class photographs. $20 per 8X10, payable to the photographer by cash, check or credit card.

SCHOOL OF GRADUATE STUDIES

Thursday, April 24
School of Graduate Studies Alumni Association Board Meeting, MCG Alumni Center, noon.

Friday, April 25
School of Graduate Studies Alumni Association Banquet and Distinguished Alumnus Award Presentation, MCG Alumni Center, 6:30 p.m. Cost: $25.

Join us for great fellowship and an update from Dean Gretchen Caughman. The 2008 Distinguished Alumnus award recipient will give an after-dinner presentation.

SCHOOL OF MEDICINE

Friday, April 25
School of Medicine Dean's Reception, location TBA, 5:30 p.m. Enjoy heavy hors d'oeuvres, spirits and conversation in a relaxed setting with alumni and friends. *Dress: semi-formal.*

School of Medicine Alumni Association Banquet, location TBA, 6:30 p.m. Cost: $50. Honorees will include Dr. Alva Mayes, Distinguished Alumnus for Loyalty; Dr. Roy Vandiver, Distinguished Alumnus for Professional Achievement; and Dr. Joseph Still, a posthumous Distinguished Alumnus Award. The 2008 Alumni Association president will be installed and the classes of 1948, 1953, 1958, 1963 and 1968 recognized. *Dress: semi-formal.*

Other reunion classes are 1973, 1978, 1983, 1988, 1993, 1998 and 2003. A table can be reserved for your class.

Saturday, April 26
School of Medicine Alumni Association Board Meeting, MCG Alumni Center, 9:30 a.m.

School of Medicine Reunions for the Classes of 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1983, 1988, 1993, 1998, 2003, Marriott Hotel and Suites, 6 p.m. Cost: $55. *Dress: semi-formal.*

Sunday, April 27
School of Medicine Alumni Association Memorial Service, location TBA, 10:30 a.m. Friends and classmates who passed away during the past year will be honored. *Dress: church attire.*

School of Medicine Alumni Association Emeritus Club Luncheon, location TBA, 11:30 a.m.. School of Medicine alumni who graduated 40-plus years ago will be honored. *Dress: church attire.*

SCHOOL OF NURSING

Saturday, April 26
School of Nursing Dean's Brunch, Health Sciences Building, 9:30 a.m. Activities will include a historical display, poster presentations, faculty-guided tours and an update on the School of Nursing from Dean Lucy Marion. This brunch is the perfect opportunity to visit MCG's newest building, which is home to the School of Nursing.

School of Nursing Alumni Association Banquet and Distinguished Alumnus Award Presentation, Pinnacle Club, 6 p.m. Cost: $30. Honorees will include Alumni Association scholarship and Lifetime Membership Award Recipients and the reunion classes of 1958, 1968 and 1973.

Allied Health Sciences

Kelly Cassidy Mackey (O.T., '01), Lilburn, Ga., is an occupational therapist for Manorcare of Decatur and DeKalb Medical Center. She married Richard Mackey Oct. 20. He is an electrical engineer for GTP Consulting Engineering in Duluth, Ga.

Heather N. Reece (health information management, '02), Gillsville, Ga., recently earned a master's degree in public administration from North Georgia College and State University. She oversees operations for Northeast Georgia Health System's Health Information Management Department.

Dentistry

Dr. George Snelling ('75), Martinez, Ga., has been named a Georgia State Properties Commission board member. He was appointed by Lt. Gov. Casey Cagle. Dr. Snelling is an investor, real estate developer, owner of Snelling Properties, L.L.P. and vice president of the Georgia Self-Storage Association. He serves on the boards of the Georgia Medical Center Authority and the Builders Association of Augusta.

Dr. William B. Williams ('75), Suwanee, Ga., has received the 2007 Ron Lamb Award for outstanding mission work. This annual award honors a North American dentist who exemplifies Christian Dental Society ideals. His Kenya Medical Outreach program provides volunteer dental and medical care and missionary work to surrounding communities.

Dr. Robert Pate ('78), Athens, Ga., has been named a fellow of the Academy of General Dentistry. Criteria included 500 hours of continuing dental education, passing a comprehensive written exam and fulfilling three years of continuing academy membership. Dr. Pate is a member of the American Dental Association, the International Congress of Oral Implantologists, the American Academy of Cosmetic Dentistry and the American Dental Society of Anesthesiology.

Dr. Shirley H. Fisher ('91), Warner Robins, Ga., has received the Georgia Dental Association Honorable Fellow Award. She is a member of the American and Georgia dental associations.

Dr. Nelson Woo ('00) practices dentistry in Canton, Ga., and midtown Atlanta with Dr. Hugh Harris. He completed cosmetic dentistry training at Louisiana State University and is a member of the Hinman Dental Society, the American Dental Association, the Georgia Dental Association and the Northwest District Dental Society.

ALUMNI

For the Record

We'd like to hear from you! To help us keep you up to date on what's happening at the Medical College of Georgia, please keep us up to date on what's happening with you. Please send this information to:

Scott Henson,
Director of Alumni Affairs
FI-1000
Medical College of Georgia
Augusta GA 30912
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MEDICINE

Rear Admiral Joseph H. Miller ('55), Apollo Beach, Fla., has written three books in the last three years since retiring from medicine. A fourth is almost finished.

Dr. Joseph A. Blissit ('56), Stockbridge, Ga., retired recently as medical director of the Westbury Health and Rehabilitation Center of McDonough. His years of practice in Henry County enabled him to treat the third and fourth generations of families he first encountered when he began practicing more than 40 years ago. He retired from his practice in 2002 but stayed on as medical director of Westbury. As chair of Henry Medical Center's hospital authority board and a member of Henry Medical's operating board, he also served as acting chief executive officer of the hospital for several months in 2006-07.

Dr. William J. Welsh ('75), Augusta, has received the 2007 Hardman Cup Award from the Medical Association of Georgia. The award recognizes outstanding work in medicine and/or public health. Dr. Welsh is one of only seven Augustans to receive this honor. Dr. Welsh opened his Augusta Cosmetic Surgery Practice in 1981 and is a member of MCG's clinical faculty, frequently training residents at his offices. Recently, he has been performing hand surgeries in Charleston, W.V., with the Charleston Area Medical Center. He enjoys rugby, flying and watercolor and oil painting. He has six children and 11 grandchildren.

Dr. James K. Elsey ('79) practices vascular and general surgery for the Gwinnett Hospital System in Lawrenceville and Duluth, Ga. He has been appointed to the Executive Committee of the American College of Surgeons and serves on the American College of Surgeons Board of Governors. He is secretary of the Georgia chapter and a member of the American College of Surgeons Board of Governors.

Dr. Robert Brown ('84), Moultrie, Ga., is a surgeon with Surgical Associates of South Georgia who was recently honored upon his retirement from the Colquitt County Hospital Authority. He served on the authority for nine years. He joined Colquitt Regional Hospital's medical staff in 1990 and served as the hospital's chief of staff from 1996-98.

Dr. John P. Cole ('85) practices hair transplant surgery in Atlanta, Cleveland, Charlotte, N.C., and Chevy Chase, Md. He was among the first 30 physicians to become a diplomate of the American Board of Hair Restoration Surgery and serves on its Board of Directors and Examination Committee. He has invented numerous hair transplant instruments and developed mathematical formulas to accurately measure human performance in hair restoration surgery.

Dr. Bette Cavallo Potter ('85) recently opened Town & Country Dermatology in Athens, Ga. Dr. Potter, who completed dermatology and dermatological surgery residencies at MCG, is certified by the American Board of Dermatology and is a fellow of the American Academy of Dermatology. She is a member of the American Society of Dermatological Surgery, the North American Society of Phlebology, the Medical Association of Georgia, the Medical Association of Atlanta, the American Medical Association, the Georgia Society of Dermatology and the Information Association for Physicians in Clinical Research.

Dr. Ellie Campbell ('92), Suwanee, Ga., discussed *Vitamin D—Not Just for Osteoporosis Anymore* as a guest lecturer at the "Bio-Identical Hormone Restoration Therapy in Male and Female Patients" continuing medical education course recently in Portland, Ore.

MEDICINE (CONTINUED)

Dr. Richard W. Ellison ('92) is a colonel in the U.S. Army who directs health affairs for the Multi-National Security Transition Command-Iraq, the military branch that trains and organizes Iraq's military and police forces. This is the third deployment overseas since Sept. 11, 2001 for Dr. Ellison, a native of Augusta. He has served as a combat surgeon in Iraq and a surgical team commander in Afghanistan. He and his wife have three sons and live in Fayetteville, Ga.

Dr. Tony Ghodadra ('99) has joined the staff of Jackson Radiology Associates, PA in Jackson, Tenn. He completed postdoctoral training at the Cleveland Clinic in Musculoskeletal Radiology and specializes in bone and joint disease. His wife, Dr. Sejal Ghodadra (School of Dentistry, '01), practices general dentistry. They enjoy travel, physical fitness and the outdoors.

Dr. Christopher Ramsden ('03) has self-published *Nutrition by the Numbers*, a book with a food rating system based on nutritional biochemistry and preventive medicine. Dr. Laurence S. Sperling, director of preventive cardiology at Emory University, calls the book "a brilliantly unique guide to healthy eating and, importantly, the antithesis of a fad diet." The book is available at www.theNQI.com.

Dr. Elizabeth Lester Johnson ('04), Athens, Ga., recently joined the practice of Drs. Thomas N. Kias and Mary Bess Jarrard as a general internist. She completed an internal medicine residency at Emory University.

MEDICINE OBITUARIES

Dr. Alex Kelly ('38), Bethesda, Md., died Sept. 29 at age 90. Dr. Kelly, a survivor of the Bataan Death March who pursued a psychiatry career because of that World War II experience, was the highest-ranking member of his medical school class. He was elected to Alpha Omega Alpha, the medical honor society, and completed residency training in internal medicine at MCG. He then served in the Army Medical Corps and was the battalion surgeon for the 57th Infantry Regiment Philippine Scouts. In April 1942, he was captured by the Japanese and spent three years as a prisoner of war. After the war, he completed residency training in psychotherapy at Johns Hopkins Hospital. He came to the Washington, D.C., area in 1953 and practiced psychiatry until 1976, when he became a staff psychiatrist at the Veterans Administration Hospital. He was named temporary chief of the psychiatry service in 1985 and retired in 1990. He was a past president of the Washington Psychiatric Society and an enthusiastic golfer. His wife, Marion K. Kelly, died in 2005. Survivors include three sons, a sister, a brother and six grandchildren.

Dr. Charles Wills ('47) died Oct. 4 at age 83. He had retired just days earlier from his almost 60-year practice in Washington, Ga., interrupted only by service in the U.S. Army during the Korean War. His patients remember him as matter-of-fact, honest, direct and willing to do anything for their well-being. He was a generalist who made house calls up to the day he died. Survivors include wife Tut, seven children and 19 grandchildren.

Dr. Lionel Yoe ('51) died Oct. 4 at age 88. He practiced ophthalmology in Columbus, Ga., until 2006. It was the example of his father, A.O.—a self-taught optometrist who held several eyeglass patents—that instilled in Dr. Yoe a love of helping people with their eyesight. Hanging his shingle in 1955, he was one of Columbus' first ophthalmologists. Survivors include wife Elizabeth, four children and five grandchildren.

Dr. Lewis R. Collins Sr. ('61) died Jan. 31 age age 70. He practiced internal medicine at Papp Clinic in Newnan, Ga., for 39 years.

Dr. Mikell Baynard Karsten Sr. ('63) died Nov. 13, 2006 at age 73. Dr. Karsten practiced surgery in Tifton, Ga., and helped found Tifton Surgical Clinic. During his 20-year practice, he was chief of staff and chief of surgery at Tift General Hospital (now Tift Regional Medical Center). He and his wife, Catherine Anne Cumby Karsten, moved to Tryon, N.C., after his retirement. In addition to his wife, survivors include two sons and two grandsons.

NURSING

Lauralee Hunter (B.S.N., '68), Athens, Ga., has been certified by the American Nurses Credentialing Center in Nursing Professional Development. She is the clinical staff development coordinator of St. Mary's Health Care System, Inc.

Patricia C. "P.J." Johnson ('77), Summerville, S.C., is chief executive officer of Summerville Medical Center. She has a master's degree in nursing administration from the Medical University of South Carolina.

News MAKERS

MCG President Daniel W. Rahn has received the 2007 Georgia Hospital Association Workforce Leadership Award, honoring outstanding contributions to addressing Georgia's health care workforce needs. In addition to his MCG role, Dr. Rahn is senior vice chancellor for health and medical programs for the University System of Georgia.

Dr. Jeannette Andrews, chair of the Department of Biobehavioral Nursing, has been named a Robert Wood Johnson Executive Nurse Fellow. The fellowship, an advanced leadership program for nurses in senior executive roles, offers insights, experiences, competencies and skills to advance in leadership positions in health care systems.

Dr. Sunita Dodani, assistant dean of research in the School of Nursing, has been appointed to a National Institutes of Health committee that will make recommendations about the organization's peer review system for grant funding. The Peer Review Working Group of the Advisory Committee to the Director consists of NIH institute directors, university deans and scientific leaders.

Dr. Janie Heath, associate dean for academic affairs in the School of Nursing, has been named a fellow of the American Academy of Nursing. Fellowship is based on contributions to the nursing profession and health care. Dr. Heath is a nurse practitioner with over 30 years of experience.

Drs. Anand Jillella, David Lind, David Terris and Martha Kennedy Terris are the only Augusta-area physicians included in the third edition of *America's Top Doctors for Cancer*, compiled by Castle Connolly.

Dr. Gaston K. Kapuku, associate professor of cardiology and pediatrics, has been appointed to a four-year term on the Biobehavioral Mechanisms of Emotion, Stress and Health Study Section of the National Institutes of Health. The study section reviews grant proposals for research on basic biobehavioral, psychological, social and cultural processes governing emotion, mood and stress.

Dr. Jill Lewis, associate professor of oral biology and maxillofacial pathology, has received the School of Dentistry's 2007 Teaching Excellence Award. She directs the first-year biochemistry course and the school's graduate programs and has taught all years of the dental curriculum at nearly every level. Her research includes studying cell-signaling pathways in inflammation.

Dr. James V. Rawson, Warren Professor and chair of the Department of Diagnostic, Therapeutic and Interventional Radiology, has been named chair of the Centers for Medicare and Medicaid Services Packaging Subcommittee. The subcommittee provides ongoing review of medical services paid for as a group by Medicare and Medicaid.

Pat Sodomka, senior vice president of patient- and family-centered care at MCG Health, Inc., and director of MCG's Center for Patient- and Family-Centered Care, has been named to the Advisory Group on Patient-Centered Care for the Accreditation Council for Graduate Medical Education.

Dr. Max Stachura, director of the Center for Telehealth, and Dr. Elena Khasanshina, the center's associate director for research and technology, made presentations at the Ninth Annual International Telemedicine School and the Second International Moscow Conference: International and Telemedical Technologies in October.

Wilma Sykes-Brown, assistant dean for Educational Outreach and Partnerships in the School of Medicine, has been elected president of the National Association of Medical Minority Educators Inc. She will serve through 2009. The group develops programs that ensure racial and ethnic diversity in health professions.

Dr. David J. Terris, Porubsky Professor and chair of the Department of Otolaryngology-Head and Neck Surgery, has received the 2007 American Academy of Otolaryngology-Head and Neck Surgery Distinguished Services Award. The award recognizes contributions to the academy and its foundation.

Dr. Stuart A. Thompson, associate professor of biochemistry and molecular biology, has been appointed to a four-year term on the National Institutes of Health Bacterial Pathogenesis Study Section. The study section reviews grant proposals on the molecular mechanisms of how bacteria cause disease.

Dr. Martha S. Tingen, associate professor at the Georgia Prevention Institute and interim program leader of the Cancer Prevention Control Program of the MCG Cancer Center, has been elected vice chair of the MCG Academic Council. The council represents all MCG faculty in areas including promotion, tenure, junior faculty mentoring, development and grievances.

Dr. Hadyn T. Williams, chief of nuclear medicine, has received the 2007 Fred C. Davison Distinguished Scientist Award from Citizens for Nuclear Technology Awareness. Dr. Williams researches the use of clinical trials to determine the efficacy of nuclear medicine to diagnose disease, predict prognoses, evaluate responses to treatment and predict recurrence and progression of disease.

New Faces

Dr. Gautam Agarwal, assistant professor of cardiovascular and vascular surgery, completed a vascular surgery fellowship at the Mayo Clinic in Rochester, Minn., and a vascular research fellowship at Mount Sinai Medical Center. He specializes in treating aneurysms and blood vessel blockages in the legs, abdomen, arms and carotid artery.

Dr. Linda Boyd, associate dean for regional campus coordination for the School of Medicine, is a family physician and curriculum development expert. She coordinates regional campus development and operations at the school's satellite campuses, including its Southwest Georgia Clinical Campus in Albany and its southeast clinical campus at St. Joseph's Candler Health System in Savannah.

Michael Arthur Herbert, executive associate dean for administration in the School of Medicine, serves as the school's chief business officer, overseeing administrative issues with affiliated health systems. His previous position was associate dean of administration and finance and executive director/treasurer of University Physician Group for Wayne State University School of Medicine.

Dr. Stephen H. Mason, assistant professor of dermatology, specializes in skin cancer surgery using Mohs micrographic techniques to minimize tissue loss and maximize cure rates. He completed dermatology clinical research fellowships at Louisiana State University Medical Center, Harvard Medical School's Massachusetts General Hospital and Tulane University Medical Center.

Dr. Daniel J. Sheehan, assistant professor of dermatology, is a former MCG dermatology resident and faculty member who returned after completing a fellowship in dermatolopathology, enabling him to examine biopsies and diagnose a broad spectrum of skin disease.

Reflections

Champions of Health Care Excellence

by Dr. Susan J. Simmons

Editor's note: Dr. Simmons, a 1990 graduate of the School of Nursing Ph.D. program and MCG's 2007 E. Louise Grant Award of Excellence in Clinical Practice recipient, is a health policy consultant.

On a recent trip back to Augusta for MCG's 2007 Homecoming celebration, I was amazed by the many signs of progress across campus. Ranging from state-of-the-art buildings to picturesque gardens and walking paths, the grounds reminded me of a magnificent blend of tradition and innovation, memories and discoveries—a place where the MCG community can take pride in a shared commitment to health care excellence.

Since completing my doctorate, I have come to appreciate the challenges that test our commitment to this goal. Topping the list, I believe, is the growing national crisis in health care delivery, characterized by inequitable access to care, cost escalations and uncertain quality of care.

> 'As a nurse, I am proud that my profession has long championed equal access to affordable, safe, high-quality health care for all.'

As we have seen, incremental efforts to reform the health care system have neither decreased the number of uninsured persons nor reduced health care costs. Sadly, despite higher expenditures, millions of Americans receive little or no health care due to a lack of insurance, the key determinant of access in our country. Adding to this crisis are health care workforce shortages, rising health insurance premiums, declining health care reimbursements and unhealthy lifestyles that produce higher rates of chronic disease and disability.

The upcoming presidential election has prompted several states to unveil comprehensive reform plans that address access, cost and quality of care. Health professionals have participated in many of these discussions and decision-making processes. Key provisions generally include universal insurance coverage, investments in workforce development programs, financial incentives to practice in underserved areas and quality improvement to enhance patient safety and wellness.

Undoubtedly, the scope and complexity of today's health care crisis require attention and accountability from multiple sectors of society. Whether at the state or national level, health care reform discussions are well-suited to the mission and goals of academic health centers, where education, service and research unite to advance health. In fact, we might view as the flip side of our health care crisis an opportunity to showcase the hallmarks of health care excellence, such as evidence-based practice models, system-wide quality improvement programs and better utilization of all licensed health care providers.

As a nurse, I am proud that my profession has long championed equal access to affordable, safe, high-quality health care for all. Our health care concerns come at a time when growing evidence suggests direct links between investments in nursing (appropriate nurse staffing, higher education levels, favorable work environments) and improved patient outcomes (reduced morbidity and mortality). Most importantly, I am gratified that my profession underscores the value of public-private partnerships to create a common vision and blueprint for how interests, expertise and resources can be combined to optimize health care.

As champions of health care excellence, all health professionals play key roles in generating strategic solutions that broaden health care access, contain costs and promote quality patient outcomes. We can do this by staying well-informed on the issues, by demonstrating our unique and shared value to quality health care and by strengthening alliances with other stakeholders—policymakers, providers, payers and consumers—to improve the health care system.

The cost of inaction is far greater than the investments we can and must make to improve health care in this country. Our window of opportunity is now—and as leaders and advocates for health care excellence, we are vital to shaping the best possible future for our health care system and the people we serve.

MCG Today welcomes submissions to the Reflections column. Typed essays (approximately 750 words) reflecting a professional or personal experience should be submitted to:
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Another Boost for Cancer Care

MCG has again been designated by the National Cancer Institute as a Minority-Based Community Clinical Oncology Program. The renewal, which comes with a five-year $2.3 million grant, enhances access to the latest cancer treatment and prevention strategies for all cancer patients, particularly minorities, according to Dr. Anand Jillella (right), chief of the Section of Hematology/Oncology and principal investigator on the grant. Dr. Jillella is pictured with Drs. Roger A. Vega (left) and Daron G. Ferris, co-principal investigators.

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